


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90082 019 ***150.00

DOCUMENT # F0000006316

1. Entity Name
KARL STORZ ENDOSCOPY-AMERICA, INC.



Principal Place of Business
**1951 NW 19TH ST., #103
 BOCA RATON, FL 33431**

Mailing Address
**600 CORPORATE POINTE
 TAX DEPT.
 CULVER CITY, CA 90230-7600**

DO NOT WRITE IN THIS SPACE

40117



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 95-2678449	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILHELM, CHARLIE 600 CORPORATE POINTE CULVER CITY, CA 902307600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIDDLE HOVER, FRANCES PLEASE DELETE 600 CORPORATE POINTE CULVER CITY, CA 902307600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO GREEN, MARK 600 CORPORATE POINTE CULVER CITY, CA 902307600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORZ, SYBELL 600 CORPORATE POINTE CULVER CITY, CA 902307600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORZ, KARL C 600 CORPORATE POINTE CULVER CITY, CA 902307600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMIRI, ALI 600 CORPORATE POINTE CULVER CITY, CA 902307600

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK GREEN (310) 338-8110

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #