

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006316

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: KARL STORZ ENDOSCOPY-AMERICA, INC.

## Current Principal Place of Business:

1951 NW 19TH ST., #103  
BOCA RATON, FL 33431

## New Principal Place of Business:

## Current Mailing Address:

600 CORPORATE POINTE  
TAX DEPT.  
CULVER CITY, CA 902307600

## New Mailing Address:

FEI Number: 95-2678449      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILHELM, CHARLIE  
Address: 600 CORPORATE POINTE  
City-St-Zip: CULVER CITY, CA 902307600

Title: SCFO ( ) Delete  
Name: GREEN, MARK  
Address: 600 CORPORATE POINTE  
City-St-Zip: CULVER CITY, CA 902307600

Title: D ( ) Delete  
Name: STORZ, SYBILL  
Address: 600 CORPORATE POINTE  
City-St-Zip: CULVER CITY, CA 902307600

Title: D ( ) Delete  
Name: STORZ, KARL C  
Address: 600 CORPORATE POINTE  
City-St-Zip: CULVER CITY, CA 902307600

Title: V ( ) Delete  
Name: AMIRI, ALI  
Address: 600 CORPORATE POINTE  
City-St-Zip: CULVER CITY, CA 902307600

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK GREEN

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

SCFO

04/24/2008

\_\_\_\_\_ Date