


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90203 016 ***150.00

DOCUMENT # F99000002464					
1. Entity Name CARL ZEISS IMT CORP					
Principal Place of Business 6250 SYCAMORE LANE N MAPLE GROVE, MN 55369			Mailing Address C/O TAX DEPARTMENT ONE ZEISS DRIVE THORNWOOD, NY 10594		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-3917663	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			Zip Code		
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VP SALES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, GREG		NAME	WALTER BENIGREW	
STREET ADDRESS	6250 SYCAMORE LANE N		STREET ADDRESS	1 ZEISS DR	
CITY-ST-ZIP	MAPLE GROVE, MN 55369		CITY-ST-ZIP	THORNWOOD, NY	
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP OP'S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGOLIN, SCOTT A		NAME	JOSEF SCHEINTHALER	
STREET ADDRESS	ONE ZEISS DR		STREET ADDRESS	1 ZEISS DR	
CITY-ST-ZIP	THORNWOOD, NY 10594		CITY-ST-ZIP	THORNWOOD, NY	
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURZ, DR. DIETER		NAME		
STREET ADDRESS	ONE ZEISS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	THORNWOOD, NY 10594		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAVER, RALPH		NAME		
STREET ADDRESS	6250 SYCAMORE LANE N		STREET ADDRESS		
CITY-ST-ZIP	MAPLE GROVE, MN 55369		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHNEISER, RAINER		NAME		
STREET ADDRESS	ONE ZEISS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	THORNWOOD, NY 10594		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEHMER, JUSTUS		NAME	Hanspeter Muerle	
STREET ADDRESS	ONE ZEISS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	THORNWOOD, NY 10594		CITY-ST-ZIP		
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: <i>Scott A. Margolin</i>			Date: 2/27/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 914 681-7620		