

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90003 016 ***150.00

DOCUMENT # F99000002464

1. Entity Name

CARL ZEISS IMT CORP

Principal Place of Business

Mailing Address

C/O TAX DEPARTMENT
 ONE ZEISS DRIVE
 THORNWOOD NY 10594

C/O TAX DEPARTMENT
 ONE ZEISS DRIVE
 THORNWOOD NY 10594-1939

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3917663

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LEE, GREG	
STREET ADDRESS	1 ZEISS DRIVE	
CITY-ST-ZIP	THORNWOOD NY	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BOUCY, OTTO	
STREET ADDRESS	1 ZEISS DRIVE	
CITY-ST-ZIP	THORNWOOD NY	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KELLY, JAMES J	
STREET ADDRESS	1 ZEISS DRIVE	
CITY-ST-ZIP	THORNWOOD NY	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MIKULY, THOMAS	
STREET ADDRESS	1 ZEISS DRIVE	
CITY-ST-ZIP	THORNWOOD NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERLIN, OLAF	
STREET ADDRESS	1 ZEISS DRIVE	
CITY-ST-ZIP	THORNWOOD NY	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GRASSMAN, PETER	
STREET ADDRESS	1 ZEISS DRIVE	
CITY-ST-ZIP	THORNWOOD NY	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRCHNER, MICHAEL	
STREET ADDRESS	1 ZEISS DRIVE	
CITY-ST-ZIP	THORNWOOD, NY 10594	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKULAY, THOMAS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIETER, RALF	
STREET ADDRESS	1 ZEISS DRIVE	
CITY-ST-ZIP	THORNWOOD, NY 10594	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES J. KELLY

Date

Daytime Phone #

914-747-1800