

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000002464
 1. Entity Name
 CARL ZEISS IMT CORP



Principal Place of Business
 C/O TAX DEPARTMENT
 ONE ZEISS DRIVE
 THORNWOOD, NY 10594

Mailing Address
 C/O TAX DEPARTMENT
 ONE ZEISS DRIVE
 THORNWOOD, NY 10594



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 13-3917663

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEE, GREG
STREET ADDRESS	1 ZEISS DRIVE
CITY - ST - ZIP	THORNWOOD, NY
TITLE	V
NAME	KIRCHNER, MICHAEL
STREET ADDRESS	ONE ZEISS DRIVE
CITY - ST - ZIP	THORNWOOD, NY 10594
TITLE	SD
NAME	KELLY, JAMES J
STREET ADDRESS	1 ZEISS DRIVE
CITY - ST - ZIP	THORNWOOD, NY 10594
TITLE	CD
NAME	KURZ, DR. DIETER
STREET ADDRESS	ONE ZEISS DRIVE
CITY - ST - ZIP	THORNWOOD, NY 10594
TITLE	D
NAME	DIETER, RALF
STREET ADDRESS	ONE ZEISS DRIVE
CITY - ST - ZIP	THORNWOOD, NY 10594
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *James J Kelly* James J. Kelly, Secy 1/12/04 914-681-7525

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