


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90042 040 ***150.00

DOCUMENT # F99000002464

1. Entity Name
CARL ZEISS IMT CORP



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


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40017510



01212005 Chg-P CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	<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	KIRCHNER, MICHAEL	
STREET ADDRESS	ONE ZEISS DRIVE	
CITY-ST-ZIP	THORNWOOD, NY 10594	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KELLY, JAMES J	
STREET ADDRESS	1 ZEISS DRIVE	
CITY-ST-ZIP	THORNWOOD, NY 10594	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KURZ, DR. DIETER	
STREET ADDRESS	ONE ZEISS DRIVE	
CITY-ST-ZIP	THORNWOOD, NY 10594	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIETER, RALF	
STREET ADDRESS	ONE ZEISS DRIVE	
CITY-ST-ZIP	THORNWOOD, NY 10594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLAUS SELMAVR	
STREET ADDRESS	ONE ZEISS DRIVE	
CITY-ST-ZIP	THORNWOOD, NY 10594	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: James J. Kelly Date: 1/27/05 Daytime Phone #: (914) 681-7620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES J. KELLY, SECRETARY