

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002472

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: CARL ZEISS OPTICAL, INC.

**Current Principal Place of Business:**

% TAX DEPT.  
ONE ZEISS DRIVE  
THORNWOOD, NY 10594

**New Principal Place of Business:**

**Current Mailing Address:**

% TAX DEPT.  
ONE ZEISS DRIVE  
THORNWOOD, NY 10594

**New Mailing Address:**

FEI Number: 13-3917664      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: D ( ) Delete  
Name: SCHUMAKER, ERIK  
Address: ONE ZRISS DRIVE AHN TAX DEPT  
City-St-Zip: THORNWOOD, NY 10594

Title: VPF (X) Delete  
Name: WILKINS, MELISSA  
Address: ONE ZEISS DR. ATTN. TAX DEPT  
City-St-Zip: THORNWOOD, NY 10594

Title: S ( ) Delete  
Name: MARGOLIN, SCOTT A  
Address: ONE ZEISS DRIVE  
City-St-Zip: THORNWOOD, NY 10594

Title: CD ( ) Delete  
Name: KLINGEL, MANFRED DR  
Address: ONE ZEISS DR. ATTN: TAX DEPT  
City-St-Zip: THORNWOOD, NY 10594

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SCHUMACHER, ERIK  
Address: ONE ZRISS DRIVE AHN TAX DEPT  
City-St-Zip: THORNWOOD, NY 10594

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: SCOTT A MARGOLIN

S

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date