


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000002472

1. Entity Name
 CARL ZEISS OPTICAL, INC.



Principal Place of Business % TAX DEPT. ONE ZEISS DRIVE THORNWOOD, NY 10594	Mailing Address % TAX DEPT. ONE ZEISS DRIVE THORNWOOD, NY 10594
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3917664	Applied For Not Applicable
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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 re-registration)
 Signature, typed or printed name of registered agent and title if applicable. 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

000000045792
 02/11/04-80077-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENE, EDWARD ONE ZEISS DRIVE THORNWOOD, NY 10594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CATALDO, ANTHONY ONE ZEISS DRIVE THORNWOOD, NY 10594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, JAMES J ONE ZEISS DRIVE THORNWOOD, NY 10594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUTHOFER, ANDREAS ONE ZEISS DRIVE THORNWOOD, NY 10594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KASCHKE, MICHAEL DR ONE ZEISS DRIVE THORNWOOD, NY 10594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISCHOFF, JUERGEN ONE ZEISS DRIVE THORNWOOD, NY 10594

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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 1/26/04 914-681-7389
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 JAMES J. KELLY