


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90443 028 ***150.00

DOCUMENT # F95000004357

1. Entity Name
PHOTRONICS, INC.



Principal Place of Business
 1061 E. INDIANTOWN RD
 SUITE 310
 JUPITER, FL 33477 US

Mailing Address
 1061 E. INDIANTOWN RD
 SUITE 310
 JUPITER, FL 33477 US

94065373



2. Principal Place of Business
15 SECOR RD
 Suite, Apt. #, etc.

3. Mailing Address
15 SECOR RD
 Suite, Apt. #, etc.

04192004 Chg-P CR2E034 (10/03)

City & State
BROOKFIELD, CT

City & State
BROOKFIELD, CT

Zip
06804

Country
USA

Zip
06804

Country
USA

4. FEI Number
06-0854886

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	CD MACRICOSTAS, CONSTANTINE S 1061 E. INDIANTOWN RD 5509 PENNOCK Pt Rd. JUPITER, FL 33477 33458 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEGO, PAUL 15 SECOR RD BROOKFIELD, CT 06804 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIORITA, JOSEPH A JR 146 DEER HILL AVE DANBURY, CT 06810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HICKEY, GREGORY 15 SECOR RD. BROOKFIELD, CT 06804 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCF SMITH, SEAN T 15 SECOR RD. BROOKFIELD, CT 06804 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ROSARIO, DAN DEL 15 SECOR RD BROOKFIELD, CT 06804 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NICHOLAS N. COLONESE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE PRESIDENT/CONTROLLER 15 SECOR RD. BROOKFIELD, CT 06804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: Nicholas N. Colonese **NICHOLAS N. COLONESE** 4/20/04 203-775-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #