

2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-01-2006 90322 019 ***150.00
F95000004357

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004357 1. Entity Name PHOTRONICS, INC.					
Principal Place of Business 15 SECOR RD BROOKFIELD, CT 06804 US			Mailing Address 15 SECOR RD BROOKFIELD, CT 06804 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-0854886	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MACRICOSTAS, CONSTANTINE S 5509 PENNOCK PT RD. JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Michael J. Luttati 15 Secor Road Brookfield, CT 06804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WOLCOLT, ROBERT 15 SECOR RD BROOKFIELD, CT 06804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert C. Wolcott	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC COLONESE, NICHOLAS N 15 SECOR RD BROOKFIELD, CT 06804	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Secretary Edwin L. Lewis 15 Secor Road Brookfield CT 06804		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert C. Wolcott VP Treasurer		DATE 4/18/06	



04102008 Chg-P CR2E034 (11/05)

@ 6/5/06