


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000004357**


1. Entity Name  
PHOTRONICS, INC.



Principal Place of Business      Mailing Address

15 SECOR RD                              15 SECOR RD  
BROOKFIELD, CT 06804 - US          BROOKFIELD, CT 06804    US

**DO NOT WRITE IN THIS SPACE**



04032007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>06-0854886</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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, 2007 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	PD LUTTATI, MICHAEL J 15 SECOR ROAD BROOKFIELD, CT 06804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WOLCOTT, ROBERT C 15 SECOR RD BROOKFIELD, CT 06804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIORITA, JOSEPH A JR 146 DEER HILL AVE DANBURY, CT 06810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCF SMITH, SEAN T 15 SECOR RD BROOKFIELD, CT 06804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC COLONESE, NICHOLAS N 15 SECOR RD BROOKFIELD, CT 06804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LEWIS, EDWIN L 15 SECOR ROAD BROOKFIELD, CT 06804

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U00000707590  
04/24/07-80081-014 150.00

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:**       **4/3/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #