

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004357

FILED
Apr 26, 2011
Secretary of State

Entity Name: PHOTRONICS, INC.

Current Principal Place of Business:

15 SECOR RD
BROOKFIELD, CT 06804 US

New Principal Place of Business:

Current Mailing Address:

15 SECOR RD
BROOKFIELD, CT 06804 US

New Mailing Address:

FEI Number: 06-0854886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CEOC
Name: MACRICOSTAS, CONSTANTINE S
Address: 15 SECOR ROAD
City-St-Zip: BROOKFIELD, CT 06804

Title: VPT
Name: BOVEE, DONNA M
Address: 15 SECOR ROAD
City-St-Zip: BROOKFIELD, CT 06804

Title: D
Name: FIORITA, JOSEPH A JR
Address: 146 DEER HILL AVE
City-St-Zip: DANBURY, CT 06810

Title: VCF
Name: SMITH, SEAN T
Address: 15 SECOR RD
City-St-Zip: BROOKFIELD, CT 06804

Title: VPC
Name: COLONESE, NICHOLAS N
Address: 15 SECOR RD
City-St-Zip: BROOKFIELD, CT 06804

Title: SECY
Name: BURR, RICHELLE E
Address: 15 SECOR ROAD
City-St-Zip: BROOKFIELD, CT 06804

I hereby 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 all other like empowered.

SIGNATURE: DONNA BOVEE

VPT

04/26/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date