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FILED

**Feb 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004357 (8)

1. Corporation 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 33477-5143
US**

3. Date Incorporated or Qualified **09/08/1995** 3a. Date of Last Report **05/01/1996**

4. FEI Number **06-0854886** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **CCEO MACRICOSTAS, CONSTANTINE S**

STREET ADDRESS **1061 E. INDIANTOWN RD**

CITY-ST-ZIP **JUPITER FL 33477**

TITLE DELETE

NAME **PD YOMAZZO, MICHAEL J**

STREET ADDRESS **1061 E. INDIANTOWN RD**

CITY-ST-ZIP **JUPITER FL 33477**

TITLE DELETE

NAME **D FIORITA, JOSEPH A JR**

STREET ADDRESS **146 DEER HILL AVE**

CITY-ST-ZIP **DANBURY CT 06810**

TITLE DELETE

NAME **D FIEDEROWICZ, WALTER M**

STREET ADDRESS **80 PICKETT DISTRICT RD**

CITY-ST-ZIP **NEW MILFORD CT 06776**

TITLE DELETE

NAME **V BOLLO, ROBERT J**

STREET ADDRESS **1061 E INDIANTOWN RD**

CITY-ST-ZIP **JUPITER FL**

TITLE DELETE

NAME **VS MOONAN, JEFFREY P ESQ**

STREET ADDRESS **1061 E. INDIANTOWN RD**

CITY-ST-ZIP **JUPITER FL 33477**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

NAME **D TAGAWA, YUKIO**

12 NAME

13 STREET ADDRESS **2-7, 2 Chome Yaesu, Chuo-ku**

14 CITY-ST-ZIP **Tokyo, Japan**

2.1 TITLE Change Addition

NAME **SV NORTHUP, JAMES**

22 NAME

23 STREET ADDRESS **15 Secor Road**

2.4 CITY-ST-ZIP **Brookfield, CT 06804**

3.1 TITLE Change Addition

NAME **SV HEILMAN, DAVID**

3.2 NAME

3.3 STREET ADDRESS **601 Millenium Drive**

3.4 CITY-ST-ZIP **Allen, TX 75002**

4.1 TITLE Change Addition

NAME **D FIEDEROWICZ, WALTER, M.**

4.2 NAME

4.3 STREET ADDRESS **39 Painter Hill Road**

4.4 CITY-ST-ZIP **Woodbury, CT 06798**

5.1 TITLE Change Addition

NAME **SV MONETA, JACK**

5.2 NAME

5.3 STREET ADDRESS **601 Millenium Drive**

5.4 CITY-ST-ZIP **Allen, TX 75002**

6.1 TITLE Change Addition

NAME **SVS MOONAN, JEFFREY P., ESQ.**

6.2 NAME

6.3 STREET ADDRESS **1061 E. Indiantown Road**

6.4 CITY-ST-ZIP **Jupiter, FL 33477**

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffrey P. Moonan 2-4-97 (203) 775-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)