CR2E034 (5/01

FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Aug 01, 2001 8:00 am Secretary of State F00000001149 DOCUMENT # 1. Entity Name 08-01-2001 90195 018 \*\*\*550.00 DUPONT PHOTOMASKS, INC. Principal Place of Business Mailing Address 131 OLD SETTLERS BLVD. 131 OLD SETTLERS BLVD. **ROUND ROCK TX 78664 ROUND ROCK TX 78664** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 74-2238819 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ¬ ☐ Addition TITLE CEOC Delete TITLE ☐ Change CEOC TURNER, MARSHALL C NAME NAME Peter S. Kirlin 131 OLD SETTLERS BLVD. STREET ADDRESS STREET ADDRESS 131 Old Settlers Blvd. **ROUND ROCK TX 78664** CITY-ST-ZIP CITY-ST-ZIP Round Rock, TX 78664 ☐ Change ☐ Addition TITLE PC00 ☐ Delete TITLE ADCOX, PRESTON M JR NAME NAME STREET ADDRESS 131 OLD SETTLERS BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROUND ROCK TX 78664 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME CHIPMAN, PAUL \$ STREET ADDRESS STREET ADDRESS 131 OLD SETTLERS BLVD. CITY-ST-ZIP **ROUND ROCK TX 78664** CITY-ST-ZIP ☐ Addition TITLE **⊠** Delete TITLE ☐ Channe COGNIE, GERARD NAME NAME STREET ADDRESS RUE OLIVIER-PERROZ-ZI-BP 18/13106 ROUSSET STREET ADDRESS CITY-ST-ZIP CEDEX ROUSSET FRANCE 13790 CITY-ST-7(P VGCS ☐ Delete TITI F TITI F Channe ☐ Addition NAME NAME LYNN, JOHN M STREET ADDRESS 131 OLD SETTLERS BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROUND ROCK TX 78664** TITLE ☐ Delete TITLE ☐ Change ☐ Addition RYGLER, KENNETH A NAME STREET ADDRESS | 131 OLD SETTLERS BLVD. STREET ADDRESS ROUND ROCK TX 78664 CITY-ST-ZIP 13. 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 11 or Block 12 if

**SIGNATURE:** 

changed, or on an attachment with an address, with all other like empowered