

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F93000005865 (1)**

1. Corporation Name

AMTECH SYSTEMS CORPORATION



Principal Place of Business

Mailing Address

**17304 PRESTON ROAD
STE. E-100
DALLAS TX 75252**

**17304 PRESTON ROAD
STE. E-100
DALLAS TX 75252**

3. Date Incorporated or Qualified
12/27/1993

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

75-2199361

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature of the registered agent or the chairman of the board of directors

Signature of the new registered agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	MORTENSON, G. RUSSELL	
STREET ADDRESS	17304 PRESTON RD., BLDG. E-100	
CITY-STATE-ZIP	DALLAS TX 75252	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WOESSNER, RONALD A	
STREET ADDRESS	17304 PRESTON RD., BLDG. E-100	
CITY-STATE-ZIP	DALLAS TX 75252	
TITLE	T	<input type="checkbox"/> DELETE
NAME	YORK, STEVE M	
STREET ADDRESS	17304 PRESTON RD., BLDG. E-100	
CITY-STATE-ZIP	DALLAS TX 75252	
TITLE	COO	<input checked="" type="checkbox"/> DELETE
NAME	CARROLL, ROBERT J	
STREET ADDRESS	17304 PRESTON RD., BLDG E-100	
CITY-STATE-ZIP	DALLAS TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	President, COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Jeffrey S. Wetherell	
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE	Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	Barry W. Wilson	
15. STREET ADDRESS	17304 Preston Road, Bldg. E-100	
16. CITY-STATE-ZIP	Dallas, Texas 75252	
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Barry W. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/96

DATE

214.733.6652

PHONE NUMBER

CR2E034 (12/95)