

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**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 Mailing Address  
**1061 E. INDIANTOWN RD SUITE 310 JUPITER FL 33477 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**  
6. 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 Country 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	<b>CCEO</b>	<input type="checkbox"/> DELETE
NAME	<b>MACRICOSTAS, CONSTANTINE S</b>	
STREET ADDRESS	<b>1061 E. INDIANTOWN RD</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>YOMAZZO, MICHAEL J</b>	
STREET ADDRESS	<b>1061 E. INDIANTOWN RD</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FIORITA, JOSEPH A JR</b>	
STREET ADDRESS	<b>146 DEER HILL AVE</b>	
CITY-ST-ZIP	<b>DANBURY CT 06810</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FIEDEROWICZ, WALTER M</b>	
STREET ADDRESS	<b>80 PICKETT DISTRICT RD</b>	
CITY-ST-ZIP	<b>NEW MILFORD CT 06776</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BOLLO, ROBERT J</b>	
STREET ADDRESS	<b>1061 E INDIANTOWN RD</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>MOONAN, JEFFREY P ESQ</b>	
STREET ADDRESS	<b>1061 E. INDIANTOWN RD</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>TAGAWA, YUKIO</b>	
1.3 STREET ADDRESS	<b>2-7, 2 Chome Yaesu, Chuo-ku</b>	
1.4 CITY-ST-ZIP	<b>Tokyo, Japan</b>	
2.1 TITLE	<b>SV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>NORTHUP, JAMES</b>	
2.3 STREET ADDRESS	<b>15 Secor Road</b>	
2.4 CITY-ST-ZIP	<b>Brookfield, CT 06804</b>	
3.1 TITLE	<b>SV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>HEILMAN, DAVID</b>	
3.3 STREET ADDRESS	<b>601 Millenium Drive</b>	
3.4 CITY-ST-ZIP	<b>Allen, TX 75002</b>	
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>FIEDEROWICZ, WALTER, M.</b>	
4.3 STREET ADDRESS	<b>39 Painter Hill Road</b>	
4.4 CITY-ST-ZIP	<b>Woodbury, CT 06798</b>	
5.1 TITLE	<b>SV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>MONETA, JACK</b>	
5.3 STREET ADDRESS	<b>601 Millenium Drive</b>	
5.4 CITY-ST-ZIP	<b>Allen, TX 75002</b>	
6.1 TITLE	<b>SVS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>MOONAN, JEFFREY P., ESQ.</b>	
6.3 STREET ADDRESS	<b>1061 E. Indiantown Road</b>	
6.4 CITY-ST-ZIP	<b>Jupiter, FL 33477</b>	

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)