

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

FILED

**May 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	22 Suite, Apt. #, etc.	23 City & State	24 Zip	25 Country	26 2a. Mailing Address	27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country
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3. Date Incorporated or Qualified 09/08/1995	
4. FEI Number 06-0854886	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CCEO	NAME MACRICOSTAS, CONSTANTINE S	1.1 TITLE D/C	1.2 NAME MACRICOSTAS, CONSTANTINE S
STREET ADDRESS 1061 E. INDIANTOWN RD	CITY-ST-ZIP JUPITER FL 33477	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE PD	NAME YOMAZZO, MICHAEL J	2.1 TITLE P/CEO/D	2.2 NAME YOMAZZO, MICHAEL J
STREET ADDRESS 1061 E. INDIANTOWN RD	CITY-ST-ZIP JUPITER FL 33477	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE D	NAME FIORITA, JOSEPH A JR	3.1 TITLE	3.2 NAME
STREET ADDRESS 146 DEER HILL AVE	CITY-ST-ZIP DANBURY CT 06810	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE D	NAME FIEDEROWICZ, WALTER M	4.1 TITLE	4.2 NAME
STREET ADDRESS 39 PAINTER HILL RD	CITY-ST-ZIP WOODBURY CT	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE V	NAME BOLLO, ROBERT J	5.1 TITLE SV/CFO	5.2 NAME BOLLO, ROBERT J
STREET ADDRESS 1061 E INDIANTOWN RD	CITY-ST-ZIP JUPITER FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE SVS	NAME MOONAN, JEFFREY P ESQ	6.1 TITLE	6.2 NAME
STREET ADDRESS 1061 E INDIANTOWN RD	CITY-ST-ZIP JUPITER FL	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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14. 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 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 _____

CR2E034 (10/97)