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Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90052 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000004357**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **09/08/1995**
 4. FEI Number: **06-0854886** Applied For: Yes Not Applicable
 5. Certificate of Status Desired: Yes No **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: Yes No **\$5.00** May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes 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 **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 with all other like empowered.

SIGNATURE: Robert J. Bollo DATE: 3/26/99 DAYTIME PHONE #: (203) 775-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)