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FILED
Mar 24 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 # F96000005036 (6)

1. Corporation Name
PRI AUTOMATION, INC.



Principal Place of Business: **805 MIDDLESEX TRNPIKE BILLERICA MA 01821**
 Mailing Address: **805 MIDDLESEX TRNPIKE BILLERICA MA 01821**

3. Date Incorporated or Qualified: **10/01/1996** 3a. Date of Last Report: **N/A**
 4. FEI Number: **04-2495703** 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

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

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	P	<input type="checkbox"/> DELETE
NAME	TYSON, MITCHELL G	
STREET ADDRESS	20 BURROUGHS RD	
CITY- ST- ZIP	LEXINGTON MA 02173	
TITLE	CEOT	<input type="checkbox"/> DELETE
NAME	WIESLER, MORDECHAI	
STREET ADDRESS	4 JOHN BENSON RD	
CITY- ST- ZIP	LEXINGTON MA 02173	
TITLE	DCS	<input type="checkbox"/> DELETE
NAME	WIESLER, MORDECHAI	
STREET ADDRESS	4 JOHN BENSON RD	
CITY- ST- ZIP	LEXINGTON MA 02173	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	SCHICKLING, JOHN	
STREET ADDRESS	15 BATCHELDER	
CITY- ST- ZIP	BOXFORD MA 01921	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RASIEL, AMRAM	
STREET ADDRESS	34 GALLISON RD	
CITY- ST- ZIP	MARBLEHEAD MA 01945	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRUSZTAJER, BOROUC	
STREET ADDRESS	15 OAKLAND ST	
CITY- ST- ZIP	LEXINGTON MA 02173	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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: **Mitchell G. Tyson** *[Signature]* **3/14/97** **508-668-8655**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)