

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

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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90169 030 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F96000005036

1. Corporation Name  
**PRI AUTOMATION, INC.**



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		04-2495703	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24 25		29 30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T 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			

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	P	<input type="checkbox"/> DELETE	1.1 TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSON, MITCHELL G		1.2 NAME		
STREET ADDRESS	20 BURROUGHS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON MA 02173		1.4 CITY-ST-ZIP		
TITLE	CEOT	<input type="checkbox"/> DELETE	2.1 TITLE	DCST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIESLER, MORDECHAI		2.2 NAME		
STREET ADDRESS	4 JOHN BENSON RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON MA 02173		2.4 CITY-ST-ZIP		
TITLE	DCS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIESLER, MORDECHAI		3.2 NAME	d'ARBELOFF, ALEXANDER V.	
STREET ADDRESS	4 JOHN BENSON RD		3.3 STREET ADDRESS	20 DUDLEY STREET	
CITY-ST-ZIP	LEXINGTON MA 02173		3.4 CITY-ST-ZIP	BROOKLINE, MA 01945	
TITLE	CFO	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, STEPHEN D		4.2 NAME		
STREET ADDRESS	317 TREMONT STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRAINTREE MA 02184		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASIEL, AMRAM		5.2 NAME		
STREET ADDRESS	34 GALLISON RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MARBLEHEAD MA 01945		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRUSZTAJER, BOROUCH		6.2 NAME		
STREET ADDRESS	15 OAKLAND ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON MA 02173		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: *Stephen D. Allison* 1/19/99 978-670-4270

CR2E034 (1/98)

156043-90169-30  
F960000005036

**PRI AUTOMATION, INC.**

805 Middlesex Turnpike  
Billerica, MA 01821

FIN 04-2495703

**OFFICERS AND DIRECTORS**

TITLE	NAME	ADDRESS
President	Mitchell G. Tyson	20 Burroughs Road, Lexington, MA 02173
CEO	Mitchell G. Tyson	20 Burroughs Road, Lexington, MA 02173
Chairman	Mordechai Wiesler	4 John Benson Road, Lexington, MA 02173
Treasurer	Mordechai Wiesler	4 John Benson Road, Lexington, MA 02173
Clerk	Mordechai Wiesler	4 John Benson Road, Lexington, MA 02173
Directors	Alexander V. d'Arbeloff	20 Dudley Street, Brookline, MA 02146
	Dr. Amram Rasiel	34 Gallison Road, Marblehead, MA 01945
	Boruch B. Frusztajer	300 Boylston Street, Boston, MA 02116
	Kenneth M. Thompson	8740 Carlitas Joy Court, Las Vegas, NV 89117
	Paul F. Rogan	20281 Orchard Road, Saratoga, CA 95070
CFO	Stephen D. Allison	317 Tremont Street, Braintree, MA