2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90123 034 ***150.00

DOCUMENT # J60280

1. Entity Name

ULTRATECH INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
9454-9 PHILLIPS HWY JACKSONVILLE FL 32256 US	7278 JUSTIN WAY MENTOR OH 44060 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2825545 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBINSON, MARY A ESQ ONE INDEPENDENT DRIVE, SUITE 2600 JACKSONVILLE FL 32202	Name: Robison, Mary A. Esquire Street Address (P.O. Box Number is Not Acceptable): One Independent Drive, Suite 2600 City: Jacksonville **FL** Zip Code: 32202

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Mary A. Robison 4/18/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SHAW, MARK D. 9820 PRESTON TRAIL W. PONTE VEDRA BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Shaw, Mark D. 132 Sea Lily Lane Ponte Vedra Beach, FL 32082	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCV HEYMAN, J. TAD 11858 OLDE OAKS CT N JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCV Heyman, J. Tad 659 Ocean Boulevard Atlantic Beach, FL 32233	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTV BIERCE, LAURENCE M. 9454-9 PHILLIPS HWY JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark D. Shaw V. President 4/25/01 (904)292-1611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #