

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90160 025 ***150.00

DOCUMENT # P22329

1. Entity Name

ORBOTECH, INC.

Principal Place of Business

**44 MANNING RD.
 BILLERICA MA 01821-3931**

Mailing Address

**ATTN: D.W. O'ROURKE
 44 MANNING RD
 BILLERICA MA 01821-3931**

2. Principal Place of Business

3. Mailing Address

Attn: Michael Zizza

Suite, Apt. #, etc.

Suite Apt. #, etc.

44 Manning Rd.

City & State

City & State

BillERICA, MA

Zip

Country

Zip

01821

Country

USA

4. FEI Number **02-0370680**

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 **T** ☐ Delete
 NAME **STEINBERG, AMICHAEL**
 STREET ADDRESS **44 MANNING ROAD**
 CITY-ST-ZIP **BILLERICA MA 01821**

TITLE **Treasurer** ☒ Change ☐ Addition
 NAME **Ofer Aish**
 STREET ADDRESS **44 Manning Rd.**
 CITY-ST-ZIP **BillERICA, MA 01821** ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **RICHTER, YOCHAI**
 STREET ADDRESS **P.O. BOX 215 N/A**
 CITY-ST-ZIP **YAVNE IS 70651**

TITLE **D** ☐ Change ☐ Addition
 NAME **BORDWIN, MILTON**
 STREET ADDRESS **50 ROWES WHARF**
 CITY-ST-ZIP **BOSTON MA 02110**

TITLE **S** ☐ Delete
 NAME **BORDWIN, MILTON**
 STREET ADDRESS **50 ROWES WHARF**
 CITY-ST-ZIP **BOSTON MA 02110**

TITLE **D** ☒ Change ☐ Addition
 NAME **FALK, DANNI**
 STREET ADDRESS **P.O. BOX 215 N/A**
 CITY-ST-ZIP **YAVNE IS 70651**

TITLE **D** ☐ Delete
 NAME **ULLMAN, SHIMON**
 STREET ADDRESS **P.O. BOX 215 N/A**
 CITY-ST-ZIP **YAVNE IS 70651**

TITLE **D** ☐ Change ☐ Addition
 NAME **Director**
 NAME **Arie Weisberg**
 STREET ADDRESS **PO Box 215 N/A**
 CITY-ST-ZIP **Yavne, Israel 70651**

TITLE **D** ☐ Delete
 NAME **ULLMAN, SHIMON**
 STREET ADDRESS **P.O. BOX 215 N/A**
 CITY-ST-ZIP **YAVNE IS 70651**

TITLE **D** ☐ Change ☒ Addition
 NAME **Director**
 NAME **Jaron Lotan**
 STREET ADDRESS **PO Box 215 N/A**
 CITY-ST-ZIP **Yavne, Israel 70651**

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:

Ofer Aish

(978) 901 5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)