


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90018 015 ***150.00

DOCUMENT # P22329
 1. Entity Name
ORBOTECH, INC.



Principal Place of Business
**44 MANNING RD.
 BILLERICA, MA 01821-3931**


Mailing Address
**ATTN:MICHAEL ZIZZA
 44 MANNING RD
 BILLERICA, MA 01821-3931**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country



01122004 Chg-P CR2E034 (10/03)

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

T NAME AISH, OFER STREET ADDRESS 44 MANNING ROAD CITY-ST-ZIP BILLERICA, MA 01821	<input type="checkbox"/> Delete
D NAME RICHTER, YOCHAI STREET ADDRESS P.O. BOX 215 N/A CITY-ST-ZIP YAVNE, IS 70651	<input type="checkbox"/> Delete
S NAME BORDWIN, MILTON STREET ADDRESS .50 ROWES WHARF CITY-ST-ZIP BOSTON, MA 02110	<input type="checkbox"/> Delete
D NAME WEISBERG, ARIE STREET ADDRESS P.O. BOX 215 N/A CITY-ST-ZIP YAVNE, IS 70651	<input type="checkbox"/> Delete
D NAME ULLMAN, SHIMON STREET ADDRESS P.O. BOX 215 N/A CITY-ST-ZIP YAVNE, IS 70651	<input checked="" type="checkbox"/> Delete
D NAME LOTAN, JARON STREET ADDRESS P O BOX 215 CITY-ST-ZIP YAVNE ,IS, 70651	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T and D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D and President NAME Barry Cohen STREET ADDRESS 44 Manning Rd, Billerica, MA 01821	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Ofer Aish** 13 January 2004 (978) 901-5025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #