

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90184 011 ***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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **02-0370680**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE REQUIRED **for Aish**

29 January 2003 978 901 5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)