

FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR -6 AM 10: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P23678 (6)
1. Corporation Name
MKS INSTRUMENTS, INC.

Principal Place of Business Mailing Address
SIX SHATTUCK ROAD ANDOVER MA 01810-2495 US **SIX SHATTUCK RD ANDOVER MA 01810-2495 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/31/1989** 3a. Date of Last Report **04/19/1994**
4. FEI Number **04-2277512** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERTUCCI, JOHN	1.2 NAME	
STREET ADDRESS	SIX SHATTUCK ROAD	1.3 STREET ADDRESS	
CITY- ST- ZIP	ANDOVER MA	1.4 CITY- ST- ZIP	01810-2495
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEIGNER, RONALD	2.2 NAME	
STREET ADDRESS	SIX SHATTUCK ROAD	2.3 STREET ADDRESS	
CITY- ST- ZIP	ANDOVER MA	2.4 CITY- ST- ZIP	01810-2495
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHUTE, RICHARD	3.2 NAME	
STREET ADDRESS	ONE INTERNATIONAL PLACE	3.3 STREET ADDRESS	
CITY- ST- ZIP	BOSTON MA	3.4 CITY- ST- ZIP	02110
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERTUCCI, CLAIRE	4.2 NAME	BERTUCCI, CLAIRE
STREET ADDRESS	SIX SHATTUCK ROAD	4.3 STREET ADDRESS	
CITY- ST- ZIP	ANDOVER MA	4.4 CITY- ST- ZIP	01810-2495
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BRIEN, ROBERT	5.2 NAME	
STREET ADDRESS	SIX SHATTUCK ROAD	5.3 STREET ADDRESS	
CITY- ST- ZIP	ANDOVER MA	5.4 CITY- ST- ZIP	01810-2495
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, JOHN	6.2 NAME	
STREET ADDRESS	SIX SHATTUCK ROAD	6.3 STREET ADDRESS	
CITY- ST- ZIP	ANDOVER MA	6.4 CITY- ST- ZIP	01810-2495

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Ronald C. Weigner J-8/controller 2/27/95 (508) 975-2350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)