

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P23678 (6)**  
 1. Corporation Name  
**MKS INSTRUMENTS, INC.**



Principal Place of Business <b>SIX SHATTUCK ROAD ANDOVER MA 01810-2495 US</b>	Mailing Address <b>SIX SHATTUCK RD ANDOVER MA 01810-2495 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/31/1989</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>04-2277512</b>	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	<b>FL</b> 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 **N/A**  
 Signature, typed or printed name of registered agent and title, if applicable

DATE \_\_\_\_\_  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>D</b>
NAME	<b>BERTUCCI, JOHN</b>	1.2 NAME	<b>Robert Therrien</b>
STREET ADDRESS	<b>SIX SHATTUCK ROAD</b>	1.3 STREET ADDRESS	<b>138 Buckskin Dr.</b>
CITY-ST-ZIP	<b>ANDOVER MA</b>	1.4 CITY-ST-ZIP	<b>Weston, MA 02193</b>
TITLE	<b>V</b>	2.1 TITLE	<b>D</b>
NAME	<b>WEIGNER, RONALD</b>	2.2 NAME	<b>Louis Valente</b>
STREET ADDRESS	<b>SIX SHATTUCK ROAD</b>	2.3 STREET ADDRESS	<b>44 Concord Rd</b>
CITY-ST-ZIP	<b>ANDOVER MA</b>	2.4 CITY-ST-ZIP	<b>Weston, MA 02193</b>
TITLE	<b>SD</b>	3.1 TITLE	
NAME	<b>CHUTE, RICHARD</b>	3.2 NAME	
STREET ADDRESS	<b>ONE INTERNATIONAL PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	
NAME	<b>OWEN, ROBBINS</b>	4.2 NAME	
STREET ADDRESS	<b>199 COUNTRY DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTON MA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b>	5.1 TITLE	
NAME	<b>O'BRIEN, ROBERT</b>	5.2 NAME	
STREET ADDRESS	<b>SIX SHATTUCK ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANDOVER MA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b>	6.1 TITLE	
NAME	<b>SULLIVAN, JOHN</b>	6.2 NAME	
STREET ADDRESS	<b>SIX SHATTUCK ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANDOVER MA</b>	6.4 CITY-ST-ZIP	

14. 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 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 Weigner*

4/24/98

CR2E034 (10/97)