

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004357

Entity Name: PHOTRONICS, INC.**Current Principal Place of Business:**15 SECOR RD
BROOKFIELD, CT 06804**Current Mailing Address:**15 SECOR RD
BROOKFIELD, CT 06804 US**FEI Number:** 06-0854886**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEOC
Name MACRICOSTAS, CONSTANTINE S
Address 15 SECOR ROAD
City-State-Zip: BROOKFIELD CT 06804

Title VCF
Name SMITH, SEAN T
Address 15 SECOR RD
City-State-Zip: BROOKFIELD CT 06804

Title DIRECTOR
Name MACRICOSTAS, GEORGE C
Address 1200 STRIKER AVENUE
City-State-Zip: SACRAMENTO CA 95834

Title DIRECTOR
Name HSIA, LIANG-CHOO
Address 13F NO. 9, LANE 30 SECTION 4
 CHENG KONG ROAD
City-State-Zip: NEIHU, TAIPEI

Title D
Name FIORITA, JOSEPH AJR
Address 146 DEER HILL AVE
City-State-Zip: DANBURY CT 06810

Title SECY
Name BURR, RICHELLE E
Address 15 SECOR ROAD
City-State-Zip: BROOKFIELD CT 06804

Title DIRECTOR
Name TYSON, MITCHELL G
Address 20 BURROUGHS ROAD
City-State-Zip: LEXINGTON MA 02420

Title PRESIDENT
Name KIRLIN, PETER S.
Address 15 SECOR RD
City-State-Zip: BROOKFIELD CT 06804

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHELLE E BURR**VP, GENERAL COUNSEL 03/27/2015
& SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name PROGLER, CHRISTOPHER J.
Address 601 MILLENNIUM DRIVE
City-State-Zip: ALLEN TX 75013

Title DIRECTOR
Name FIEDEROWICZ, WALTER M.
Address 102 NORTH STREET
City-State-Zip: LITCHFIELD CT 06759