

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

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 841813 (9)

1. Corporation Name
AMIS, INC.



Principal Place of Business 44 E 32ND ST NY NY 10016	Mailing Address 44 E 32ND ST NY NY 10016-5508
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/13/1978	3a. Date of Last Report 02/02/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 11-2158300	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WEINBERG, ALEXANDER 482 E. ROYAL FLAMINGO DRIVE SARASOTA, FL MH 34238		10. Name and Address of New Registered Agent	
B1. Name	B2. Street Address (P.O. Box Number is Not Acceptable)	B3.	B4. City
			FL B5. 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: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOFTUS, GERARD	1.2 NAME	
STREET ADDRESS	12 POPPY PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL PARK NY	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINBERG, ALEXANDER	2.2 NAME	
STREET ADDRESS	482 E. ROYAL FLAMINGO DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	SP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHONDORF, JACOB	3.2 NAME	
STREET ADDRESS	HEARTHSTONE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE, CON 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Gerard Loftus* **GERARD LOFTUS PRES.** 3/14/97 (212) 684-0400

CR2E034 (9/96)