


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90334 036 ***150.00

DOCUMENT # F00000001005 1. Entity Name MKS INSTRUMENTS, INC.					
Principal Place of Business 90 INDUSTRIAL WAY WILMINGTON, MA 01887-4610			Mailing Address SIX SHATTUCK ROAD ANDOVER, MA 01810		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 90 Industrial Way Suite, Apt. #, etc.		
City & State			City & State Wilmington, MA		
Zip 01887-4610		Country USA		4. FEI Number 04-2277512	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO BERTUCCI, JOHN R 50 HILL STREET LEXINGTON, MA 02421 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C Bertucci, John R. 50 Hill Street Lexington, MA 02421 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC WEIGNER, RONALD C 55 SURREY LANE SUDBURY, MA 01776 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/CFO Weigner, Ronald C. 55 Surrey Lane Sudbury, MA 01776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHUTE, RICHARD S 108 BRATTLE STREET CAMBRIDGE, MA 02138 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/CEO Leo Berlinghieri 99 Thistle Road North Andover, MA 01845 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DONLAN, WILLIAM P 239 MAIN STREET UNIT B-12 READING, MA 01867 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kahl, Hans-Jochen Im Hasengarten 6 D-50996 Cologne Germany <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBBINS, OWEN W 199 COUNTRY DRIVE WESTON, MA 02193 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robbins, Owen W. 199 Country Drive Weston, MA 02193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTE, LOUIS P 44 CONCORD ROAD WESTON, MA 02493 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Berges, James G. #4 Brentmoor Park St. Louis, MO 63105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			Ronald C. Weigner, VP & CFO 4/21/2006 978.284.4000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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ATTACHMENT

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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