

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90003 045 \*\*\*550.00

DOCUMENT # **F93000005865**

Corporation Name

**AMTECH SYSTEMS CORPORATION**

Principal Place of Business

**11 DALLAS PKY  
SUITE 300  
DALLAS TX 75287**

Mailing Address

**1911 DALLAS PKY  
SUITE 300  
DALLAS TX 75287  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/27/1993**

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**75-2199361**

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 owes the current year  
Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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

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 reinstating)

DATE

OFFICERS AND DIRECTORS

ET ADDRESS	PC00 WILSON, JOHN E 17304 PRESTON RD., BLDG. E-100 DALLAS TX	<input checked="" type="checkbox"/> DELETE
ET ADDRESS	VS WOESSNER, RONALD A 17304 PRESTON RD., BLDG. E-100 DALLAS TX 75252	<input checked="" type="checkbox"/> DELETE
ET ADDRESS	T YORK, STEVE M 17304 PRESTON RD., BLDG. E-100 DALLAS TX	<input checked="" type="checkbox"/> DELETE
ET ADDRESS	T WILSON, BARRY W. 17304 PRESTON RD, BLDG E-100 DALLAS TX	<input checked="" type="checkbox"/> DELETE
ET ADDRESS		<input type="checkbox"/> DELETE
ET ADDRESS		<input type="checkbox"/> DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael Ohanian	
1.3 STREET ADDRESS	1911 Dallas Pkwy. Suite 300	
1.4 CITY-ST-ZIP	Dallas, TX 75287	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Virginia Young	
2.3 STREET ADDRESS	1911 Dallas Pkwy. Suite 300	
2.4 CITY-ST-ZIP	Dallas, TX 75287	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David Shiring	
3.3 STREET ADDRESS	1911 Dallas Pkwy. Suite 300	
3.4 CITY-ST-ZIP	Dallas, TX 75287	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

*David Shiring* 8/31/99 972-233-6023

CR2E034 (5/99)