

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 10, 2001 8:00 am
Secretary of State**

05-10-2001 90208 018 ***150.00

DOCUMENT # F93000005865

1. Entity Name

Amtech Systems Corporation

A0064833

Principal Place of Business

1911 Dallas Parkway
Suite 300
Dallas, TX 75287

Mailing Address

8158 Adams Drive
Hummelstown, PA 17036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2199361

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays Street
Suite 105
Tallahassee, FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$350.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/CEO, Director	☐ Delete
NAME	J. M. Worthington	
STREET ADDRESS	8158 Adams Drive	
CITY-ST-ZIP	Hummelstown, PA 17036	
TITLE	V.P. Director	☐ Delete
NAME	David G. Sparks	
STREET ADDRESS	8158 Adams Drive	
CITY-ST-ZIP	Hummelstown, PA 17036	
TITLE	Sec'y/Treasurer	☐ Delete
NAME	Claudia F. Wiegand	
STREET ADDRESS	8158 Adams Drive	
CITY-ST-ZIP	Hummelstown, PA 17036	
TITLE	Director	☐ Delete
NAME	Charlie Gwirtsman	
STREET ADDRESS	1515 Arapahoe St, Tower 1, Ste. 1500	
CITY-ST-ZIP	Denver, CO 80202	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lita M. Heckler

4/27/01 (717) 561-2400

Date

Optional Phrase 4

CR2E034 (11/00)