

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90071 019 ***150.00

DOCUMENT # F93000005865



1. Entity Name
AMTECH SYSTEMS CORPORATION

Principal Place of Business
**19111 DALLAS PKY
SUITE 300
DALLAS TX 75287
US**

Mailing Address
**8158 ADAMS DR.
HUMMELSTOWN PA 17036
US**

90017132



2. Principal Place of Business

8600 Jefferson Northwest

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Albuquerque, NM

City & State

Albuquerque, NM

4. FEI Number

75-2199361

Applied For
Not Applicable

Zip

87113

Country

U.S.A.

Zip

17036

Country

U.S.A.

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	EVP	<input type="checkbox"/> Delete
NAME	WIEGAND, CLAUDIA	
STREET ADDRESS	8158 ADAMS DR.	
CITY-ST-ZIP	HUMMELSTOWN PA 17036	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	GRAVELLE, KELLY P	
STREET ADDRESS	9480 CARROLL PARK DR.	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	SPARKS, DAVID G	
STREET ADDRESS	8158 ADAMS DR.	
CITY-ST-ZIP	HUMMELSTOWN PA 17036	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	JOHNSON, DAVID A	
STREET ADDRESS	19111 DALLAS PARKWAY STE 300	
CITY-ST-ZIP	DALLAS TX 75287	
TITLE	AVPS	<input type="checkbox"/> Delete
NAME	WILSON, DENNIS	
STREET ADDRESS	8600 JEFFERSON NORTHEAST	
CITY-ST-ZIP	ALBUQUERQUE NM 87113	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SIMLER, JOHN P	
STREET ADDRESS	5100 W. COPANS RD. STE. 100A	
CITY-ST-ZIP	MARGATE FL 33063	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	EVP IT/IS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wiegand, Claudia F	
STREET ADDRESS	8158 Adams Drive	
CITY-ST-ZIP	Hummelstown, PA 17036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sparks, David G	
STREET ADDRESS	1515 Clydesdale Drive, Reisterstown	
CITY-ST-ZIP	Jackson, MD 21031	
TITLE	S/EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McGraw, George P.	
STREET ADDRESS	19111 Dallas Parkway, Ste 300	
CITY-ST-ZIP	Dallas TX 75287	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Thomas	
STREET ADDRESS	8600 Jefferson Northeast	
CITY-ST-ZIP	Albuquerque, NM 87113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)