

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005649

1. Entity Name

ETEC SYSTEMS, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90038 050 ***158.75

Principal Place of Business

Mailing Address

26460 CORPORATE AVENUE
MS #1250
HAYWARD CA 94545-3926
US

26460 CORPORATE AVENUE
MS #1250
HAYWARD CA 94545-3914
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-3094580

Applied For

Not Applicable

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
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 reinstating)

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, 2000 Fee will be \$550.00
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	PC	<input type="checkbox"/> Delete
NAME	COOPER, STEPHEN E	
STREET ADDRESS	26460 CORPORATE AVENUE	
CITY-ST-ZIP	HAYWARD CA 94545	
TITLE	S	<input type="checkbox"/> Delete
NAME	WAYMAN, W. RUSSELL	
STREET ADDRESS	26460 CORPORATE AVENUE	
CITY-ST-ZIP	HAYWARD CA 94545	
TITLE	D-	<input type="checkbox"/> Delete
NAME	SUZUKI, TAKASHI "JOHN"	
STREET ADDRESS	26460 CORPORATE AVENUE	
CITY-ST-ZIP	HAYWARD CA 94545	
TITLE	D	<input type="checkbox"/> Delete
NAME	GELBACH, EDWARD L	
STREET ADDRESS	26460 CORPORATE AVENUE	
CITY-ST-ZIP	HAYWARD CA 94545	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ARNOLD, SAUL E	
STREET ADDRESS	26460 CORPORATE AVE	
CITY-ST-ZIP	HAYWARD CA 94545	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	SNYDER, WILLIAM	
STREET ADDRESS	26460 CORPORATE AVENUE	
CITY-ST-ZIP	HAYWARD CA 94545	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Young, Neil J.	
STREET ADDRESS	26460 Corporate Avenue	
CITY-ST-ZIP	Hayward, CA 94545	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McBennett, John	
STREET ADDRESS	26460 Corporate Avenue	
CITY-ST-ZIP	Hayward, CA 94545	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ryan, William J.	
STREET ADDRESS	26460 Corporate Avenue	
CITY-ST-ZIP	Hayward, CA 94545	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Siegle, William T.	
STREET ADDRESS	26460 Corporate Avenue	
CITY-ST-ZIP	Hayward, CA 94545	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trent, Thomas Michael	
STREET ADDRESS	26460 Corporate Avenue	
CITY-ST-ZIP	Hayward, CA 94545	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wehrli, Robert L.	
STREET ADDRESS	26460 Corporate Avenue	
CITY-ST-ZIP	Hayward, CA 94545	

13. 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 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

Day

Daytime Phone #

CR2E034 (9/99)