

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000005036 (6)**

1. Corporation Name
PRI AUTOMATION, INC.

Principal Place of Business

**805 MIDDLESEX TRNPIKE
BILLERICA MA 01821**

Mailing Address

**805 MIDDLESEX TRNPIKE
BILLERICA MA 01821**

FILED
Jul 22 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1996

4. FEI Number

04-2495703

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

11. 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

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **TYSON, MITCHELL G**
STREET ADDRESS **20 BURROUGHS RD**
CITY-ST-ZIP **LEXINGTON MA 02173**

TITLE **CEOT** ☐ DELETE

NAME **WIESLER, MORDECHAI**
STREET ADDRESS **4 JOHN BENSON RD**
CITY-ST-ZIP **LEXINGTON MA 02173**

TITLE **DCS** ☐ DELETE

NAME **WIESLER, MORDECHAI**
STREET ADDRESS **4 JOHN BENSON RD**
CITY-ST-ZIP **LEXINGTON MA 02173**

TITLE **CFO** ☒ DELETE

NAME **SCHICKLING, JOHN**
STREET ADDRESS **15 BATCHELDER**
CITY-ST-ZIP **BOXFORD MA 01921**

TITLE **D** ☐ DELETE

NAME **RASHEL, AMRAM**
STREET ADDRESS **34 GALLISON RD**
CITY-ST-ZIP **MARBLEHEAD MA 01945**

TITLE **D** ☐ DELETE

NAME **FRUSZTAJER, BOROUCH**
STREET ADDRESS **15 OAKLAND ST**
CITY-ST-ZIP **LEXINGTON MA 02173**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

CFO
ALLISON, STEPHEN D.
317 TREMONT STREET
BRAINTREE, MA 02184

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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

[Handwritten Signature]

7/14/98

978-470-4370

CR2E034 (5/98)