

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P22329**

1. Entity Name  
**ORBOTECH, INC.**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90074 002 \*\*\*150.00

Principal Place of Business  
**44 MANNING RD.  
BILLERICA MA 01821-3931**

Mailing Address  
**ATTN:MICHAEL ZIZZA  
44 MANNING RD  
BILLERICA MA 01821-3931**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **02-0370680** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
FILE NAME	T AISH, OFER	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	44 MANNING ROAD		STREET ADDRESS		
CITY-ST-ZIP	BILLERICA MA 01821		CITY-ST-ZIP		
FILE NAME	D RICHTER, YOCHAI	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 215 N/A		STREET ADDRESS		
CITY-ST-ZIP	YAVNE IS 70651		CITY-ST-ZIP		
FILE NAME	S BORDWIN, MILTON	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	50 ROWES WHARF		STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02110		CITY-ST-ZIP		
FILE NAME	D WEISBERG, ARIE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 215 N/A		STREET ADDRESS		
CITY-ST-ZIP	YAVNE IS 70651		CITY-ST-ZIP		
FILE NAME	D ULLMAN, SHIMON	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 215 N/A		STREET ADDRESS		
CITY-ST-ZIP	YAVNE IS 70651		CITY-ST-ZIP		
FILE NAME	D LOTAN, JARON	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 215		STREET ADDRESS		
CITY-ST-ZIP	YAVNE IS 70651		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 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 REQUIRED** Ofer Aish

(978) 901-5050 11 Jan. 02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)