

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P23678

(6)

1. Corporation Name
MKS INSTRUMENTS, INC.

Principal Place of Business
SIX SHATTUCK ROAD
ANDOVER MA 01810-2495
US

Mailing Address
SIX SHATTUCK RD
ANDOVER MA 01810-2449
US



3. Date Incorporated or Qualified
03/31/1989

3a. Date of Last Report
02/27/1996

4. FEI Number
04-2277512

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERTUCCI, JOHN	
STREET ADDRESS	SIX SHATTUCK ROAD	
CITY - ST - ZIP	ANDOVER MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEIGNER, RONALD	
STREET ADDRESS	SIX SHATTUCK ROAD	
CITY - ST - ZIP	ANDOVER MA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHUTE, RICHARD	
STREET ADDRESS	ONE INTERNATIONAL PLACE	
CITY - ST - ZIP	BOSTON MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERTUCCI, CLAIRE	
STREET ADDRESS	SIX SHATTUCK ROAD	
CITY - ST - ZIP	ANDOVER MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	O'BRIEN, ROBERT	
STREET ADDRESS	SIX SHATTUCK ROAD	
CITY - ST - ZIP	ANDOVER MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SULLIVAN, JOHN	
STREET ADDRESS	SIX SHATTUCK ROAD	
CITY - ST - ZIP	ANDOVER MA	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Owen Robbins	
1.3 STREET ADDRESS	199 Country Drive	
1.4 CITY - ST - ZIP	Weston, MA 02193	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Therrien	
2.3 STREET ADDRESS	138 Buckskin Dr.	
2.4 CITY - ST - ZIP	Weston, MA 02193	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Louis Valente	
3.3 STREET ADDRESS	44 Concord Rd.	
3.4 CITY - ST - ZIP	Weston, MA 02193	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 508-975-2350 X 3346

CR2E034 (9/96)