FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **S83700** (2)

1. Corporation Name
PHOTRONICS FINANCIAL SERVICES, INC.

Principal Place of Business
1061 INDIANTOWN RD. STE 318
JUPITER FL 33477

Mailing Address
1061 INDIANTOWN RD. STE 318
JUPITER FL 33477

2. Principal Place of Business
21
22 Suite, Apt. #, etc. Suite 310
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc. Suite 310
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 09/30/1991
3a. Date of Last Report: 02/21/1995
4. FEI Number: 65-0290679 ☐ 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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. 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 ______ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE	DC	☒ Change ☐ Addition
NAME	MACRICOSTAS, CONSTANTINE		1.2 NAME	MACRICOSTAS, CONSTANTINE	
STREET ADDRESS	100 OCEAN TRAIL WAY		1.3 STREET ADDRESS	1061 E. INDIANTOWN RD	
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	DP	☐ DELETE	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	YOMAZZO, MICHAEL J		2.2 NAME	YOMAZZO, MICHAEL J	
STREET ADDRESS	15 SECOR ROAD		2.3 STREET ADDRESS	1061 E. INDIANTOWN RD	
CITY-ST-ZIP	BROOKSFIELD CT		2.4 CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	DVS	☐ DELETE	3.1 TITLE	DVS	☒ Change ☐ Addition
NAME	MOONAN, JEFFREY P		3.2 NAME	MOONAN, JEFFREY P	
STREET ADDRESS	15 SECOR ROAD		3.3 STREET ADDRESS	1061 E. INDIANTOWN RD	
CITY-ST-ZIP	BROOKSFIELD CT		3.4 CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	VPF	☐ DELETE	4.1 TITLE	VPF	☒ Change ☐ Addition
NAME	BOLLO, ROBERT J		4.2 NAME	BOLLO, ROBERT J	
STREET ADDRESS	15 SECOR ROAD		4.3 STREET ADDRESS	1061 E. INDIANTOWN RD	
CITY-ST-ZIP	BROOKFIELD CT		4.4 CITY-ST-ZIP	JUPITER, FL 33477	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] April 30, 1996 203 775-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #