

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

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**Feb 14 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 # S83700 (2)**

1. Corporation Name  
**PHOTRONICS FINANCIAL SERVICES, INC.**



|   |  |  |  |
|---|--|--|--|
| Principal Place of Business<br><b>1061 INDIANTOWN RD. STE 318<br/>SUITE 310<br/>JUPITER FL 33477<br/>US</b> | Mailing Address<br><b>1061 INDIANTOWN RD. STE 318<br/>SUITE 310<br/>JUPITER FL 33477-5143<br/>US</b> | 3. Date Incorporated or Qualified<br><b>09/30/1991</b> | 3a. Date of Last Report<br><b>05/01/1996</b> |
|---|--|--|--|

|   |  |  |  |
|---|--|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt # etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 4. FEI Number<br><b>65-0290679</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
|   |  | 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
|   |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
|   |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE<br><b>DC</b>         | MACRICOSTAS, CONSTANTINE<br>1061 E INDIANTOWN RD STE 310<br>JUPITER FL | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>DP</b>         | YOMAZZO, MICHAEL J<br>1061 E INDIANTOWN RD STE 310<br>JUPITER FL       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>DVS</b>        | MOONAN, JEFFREY P<br>1061 INDIANTOWN RD STE 310<br>JUPITER FL          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>VPF</b>        | BOLLO, ROBERT J<br>15 SECOR ROAD<br>BROOKFIELD CT                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Jeffrey P. Moonan* **JEFFREY P. MOONAN** 2-4-97 (203) 775-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)