

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S83700 (2)
1. Corporation Name
PHOTRONICS FINANCIAL SERVICES, INC.

Principal Place of Business 1061 INDIANTOWN RD. STE 318 SUITE 310 JUPITER FL 33477 US	Mailing Address 1061 INDIANTOWN RD. STE 318 SUITE 310 JUPITER FL 33477 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/30/1991 4. FEI Number 65-0290679 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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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	
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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	DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MACRICOSTAS, CONSTANTINE		1.2 NAME				
STREET ADDRESS	1061 E INDIANTOWN RD STE 310		1.3 STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP				
TITLE	DP	<input type="checkbox"/> DELETE	2.1 TITLE	D/P/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	YOMAZZO, MICHAEL J		2.2 NAME				
STREET ADDRESS	1061 E INDIANTOWN RD STE 310		2.3 STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP				
TITLE	DVS	<input type="checkbox"/> DELETE	3.1 TITLE	D/SV/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MOONAN, JEFFREY P		3.2 NAME				
STREET ADDRESS	1061 INDIANTOWN RD STE 310		3.3 STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL		3.4 CITY-ST-ZIP				
TITLE	VPF	<input type="checkbox"/> DELETE	4.1 TITLE	SVPF/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BOLLO, ROBERT J		4.2 NAME				
STREET ADDRESS	15 SECOR ROAD		4.3 STREET ADDRESS				
CITY-ST-ZIP	BROOKFIELD CT		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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:  JEFFREY P. MOONAN 4/30/98 561-745-1222

CR2E034 (10/97)