Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 01, 2001 8:00 am **DOCUMENT # \$83700 Secretary of State** 1. Entity Name PHOTRONICS FINANCIAL SERVICES, INC. 03-01-2001 91258 001 \*\*\*600.00 Principal Place of Business Mailing Address 1061 INDIANTOWN RD, STE 318 1061 INDIANTOWN RD, STE 318 SUIT 310 SUITE 310 27916 JUPITER FL 33477 JUPITER FL 33477 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0290679 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 8. 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 Signature, typed or printed name of registered agent and title il applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE TITLE Delete NORTHUP, JAMES R MAC DONALD, JAMES NAME NAME 2428 ONTAKIO ST. STREET ADDRESS 15 SECOR ROAD STREET ADDRESS BURBANK, CA 91504 CITY-ST-ZIP CITY-ST-ZIP **BROOKFIELD CT 06804** Addition Delete Change TITLE TITLE SMITH, SEAN TI LONGO, LAWRENCE C NAME NAME 15 SECOR ROAD STREET ADDRESS STREET ADDRESS 15 SECOR ROAD CITY-ST-7IP CITY-ST-ZIP BROOKFIELD CT 06804 **BROOKFIELD CT 06804** Change Addition TITLE TITLE Delete ER, JAMES SECON ROAD MOONAN, JEFFREY P NAME NAME STREET ADDRESS STREET ADDRESS 1061 INDIANTOWN RD STE 310 HED, CT 06804 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL ☐ Delete TITLE TITLE Change ☐ Addition NAME **BOLLO, ROBERT J** NAME STREET ADDRESS STREET ADDRESS 15 SECOR ROAD CITY-ST-ZIP CITY-ST-ZIP **BROOKFIELD CT** TITLE ☐ Delete TITLE ☐ Change Addition HICKEY, GRECOMY IS SECON ROAD NAME NAME STREET ADDRESS STREET ADDRESS DOOKFIELD CT 06804 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 of justee 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 eddress, with all other like empowered. 2/25/01 SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR