

**FILED**

0324702

DOCUMENT # S83700

**PHOTRONICS FINANCIAL SERVICES, INC.**

Mailing Address

1061 INDIANTOWN RD. STE 318  
SUITE 310  
JUPITER FL 33477  
US

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Applied For

Not Applicable
----------------

7

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MAC DONALD, JAMES		
STREET ADDRESS	2428 ONTARIO ST.		
CITY-ST-ZIP	BURBANK, CA 91504		

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH, SEAN T.		
STREET ADDRESS	15 SECOR ROAD		
CITY-ST-ZIP	BROOKFIELD CT 06804		

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	EDER, JAMES		
STREET ADDRESS	15 SECOND ROAD		
CITY-ST- ZIP	BROOKFIELD, CT 06804		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HICKEY, GREGORY		
STREET ADDRESS	15 SECON ROAD		
CITY-ST-ZIP	BROOKFIELD CT 06804		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 or trustee 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 with a address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_

Daytime Phone #