


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000002262

1. Entity Name
TENCON, INC.



Principal Place of Business 530 JONES STREET VERONA, PA 15147	Mailing Address 530 JONES STREET VERONA, PA 15147
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03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1483766	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION, FL 33324**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAXON, EDWARD G 530 JONES STREET VERONA, PA 15147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUNIC, JOSEPH F JR. 530 JONES STREET VERONA, PA 15147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAXON, GEORGE E SR. 530 JONES STREET VERONA, PA 15147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAXON, GEORGE E JR. 530 JONES STREET VERONA, PA 15147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAXON, GREGORY J 530 JONES STREET VERONA, PA 15147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GODISH, REGINA M 530 JONES STREET VERONA, PA 15147

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 03/22/04-80021-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward G. Saxon Date: 03/16/04 Daytime Phone #: 412-828-1166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR