


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000002262 1. Entity Name TENCON, INC.	
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Principal Place of Business 530 JONES STREET VERONA, PA 15147	Mailing Address 530 JONES STREET VERONA, PA 15147
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02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1483766	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

1111000267979
 03/18/05-80022-020 150.00

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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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Edward G. Saxon 02/21/2005 412-828-1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #