

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002262

FILED  
Feb 22, 2012  
Secretary of State

Entity Name: TENCON, INC.

**Current Principal Place of Business:**

530 JONES STREET  
VERONA, PA 15147

**New Principal Place of Business:**

**Current Mailing Address:**

530 JONES STREET  
VERONA, PA 15147

**New Mailing Address:**

FEI Number: 62-1483766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: SAXON, EDWARD G  
Address: 530 JONES STREET  
City-St-Zip: VERONA, PA 15147

Title: D  
Name: SAXON, FRANCIS J  
Address: 530 JONES STREET  
City-St-Zip: VERONA, PA 15147

Title: D  
Name: SAXON, GEORGE E SR.  
Address: 530 JONES STREET  
City-St-Zip: VERONA, PA 15147

Title: VD  
Name: SAXON, GEORGE E JR.  
Address: 530 JONES STREET  
City-St-Zip: VERONA, PA 15147

Title: PD  
Name: SAXON, GREGORY J  
Address: 530 JONES STREET  
City-St-Zip: VERONA, PA 15147

Title: VD  
Name: GODISH, REGINA M  
Address: 530 JONES STREET  
City-St-Zip: VERONA, PA 15147

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAXON, EDWARD G

STD

02/22/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date