

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90035 036 ***150.00

903302039
 SP

DOCUMENT # F98000005003

1. Entity Name

ASCENT TECHNOLOGIES GROUP, INC.

Principal Place of Business

Mailing Address

**ONE MILL STREET
 PARISH NY 13131**

**ONE MILL STREET
 PARISH NY 13131**

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

16-1353957

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

NA

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criterion back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | FULLER, HADWEN C II | |
| STREET ADDRESS | 3059 WEST MAIN STREET | |
| CITY-ST-ZIP | PARISH NY 13131 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | NEWMAN, DAVID E | |
| STREET ADDRESS | 103 CEDAR LANE | |
| CITY-ST-ZIP | JAMESVILLE NY 13078 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BECK, DOROTHY L | |
| STREET ADDRESS | 30 LIBERTY STREET | |
| CITY-ST-ZIP | MEXICO NY 13114 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | COOMBS, CHRISTINE S | |
| STREET ADDRESS | 186 HUNGARY LANE RD | |
| CITY-ST-ZIP | CENTRAL SQUARE NY 13036 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Newman David E. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 318 Jamesville Rd | |
| STREET ADDRESS | Dewitt, NY 13214 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02

315-625-7299
 DATE DAYTIME PHONE #

CR2E034 (9/01)