

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005003

FILED
Mar 04, 2004
Secretary of State

Entity Name: ASCENT TECHNOLOGIES GROUP, INC.

Current Principal Place of Business:

ONE MILL STREET
PARISH, NY 13131

New Principal Place of Business:

Current Mailing Address:

ONE MILL STREET
PARISH, NY 13131

New Mailing Address:

FEI Number: 16-1353957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FULLER, HADWEN C II
Address: 3059 WEST MAIN STREET
City-St-Zip: PARISH, NY 13131

Title: V () Delete
Name: NEWMAN, DAVID E
Address: 318 JAMESVILLE RD
City-St-Zip: DEWITT, NY 13214

Title: S () Delete
Name: BECK, DOROTHY L
Address: 30 LIBERTY STREET
City-St-Zip: MEXICO, NY 13114

Title: T () Delete
Name: COOMBS, CHRISTINE S
Address: 186 HUNGARY LANE RD
City-St-Zip: CENTRAL SQUARE, NY 13036

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EX V (X) Change () Addition
Name: NEWMAN, DAVID E
Address: 4858 CANDY LANE
City-St-Zip: MANLIUS, NY 13104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: FULLER, DARREN B
Address: 3059 MAIN STREET
City-St-Zip: PARISH, NY 13131

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTINE S COOMBS

T

03/04/2004

Electronic Signature of Signing Officer or Director

_____ Date