



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90045 002 \*\*\*150.00

<b>DOCUMENT # F94000005175</b> 1. Entity Name <b>SYMTRON SYSTEMS, INC.</b>					
Principal Place of Business <b>17-01 POLLITT DRIVE FAIR LAWN, NJ 07410</b>			Mailing Address <b>17-01 POLLITT DRIVE FAIR LAWN, NJ 07410</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>700 Nickerson Road</b> Suite, Apt. #, etc.			
City & State		City & State <b>Marlborough MA</b>		4. FEI Number <b>22-2894089</b>	
Zip <b>01752</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE 105 TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BRANDT, RICHARD</b> <b>17-01 POLLITT DRIVE</b> <b>FAIR LAWN, NJ 07410</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HANSON, JAMES</b> <b>17-01 POLLITT DRIVE</b> <b>FAIR LAWN, NJ 07410</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FEGTER, PAUL</b> <b>17-01 POLLITT DRIVE</b> <b>FAIR LAWN, NJ 07410</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SGC</b> <b>DUFFY, BRIAN</b> <b>17-01 POLLITT DRIVE</b> <b>FAIR LAWN, NJ 07410</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President, Director</b> <b>Downin, Robert D.</b> <b>17-01 Pollitt Drive</b> <b>Fair Lawn, NJ 07410</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary, Director</b> <b>Hannon, John F.</b> <b>700 Nickerson Road</b> <b>Marlborough MA 01752</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>DeMarle, Richard H.</b> <b>400 Main Street</b> <b>Ashland MA 01721</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>  <b>John F. Hannon, Secretary</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1-21-04 <b>508 481 0700</b> <small>Date Daytime Phone #</small>	