

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000001443

1. Entity Name  
 CHYRON CORPORATION



Principal Place of Business  
 5 HUB DR.  
 MELVILLE, NY 11747

Mailing Address  
 5 HUB DR.  
 MELVILLE, NY 11747



02222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-2117385 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
 9200 SOUTH DADELAND BLVD  
 508  
 MIAMI, FL 33156

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

100000451730  
 03/10/06-80064-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WELLESLEY-WESLEY, MICHAEL 5 HUB DRIVE MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATLIN, ROBERT 5 HUB DRIVE MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KIELISZAK, JERRY 5 HUB DRIVE MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRINCE, KEVIN 5 HUB DRIVE MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *David Johnson*

2/22/06 631-845-2000