

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P31230** (6)

1. Corporation Name

DORON PRECISION SYSTEMS, INC.



Principal Place of Business

Mailing Address

% CARL J. WENZINGER, JR.
PO BOX 400
BINGHAM NY 13902
US

% CARL J. WENZINGER, JR.
PO BOX 400
BINGHAMTON NY 13902
US

3. Date Incorporated or Qualified
10/04/1990

3a. Date of Last Report
06/16/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
16-1020280

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	WENZINGER, CARL J	
STREET ADDRESS	RR 1 BOX 376	
CITY- ST- ZIP	VESTAL NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KITTINGER, KENNETH R	
STREET ADDRESS	785 RIVER RD	
CITY- ST- ZIP	BINGHAMTON NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HIRSHMAN, KARL J.	
STREET ADDRESS	3370 THISTLEWOOD RD	
CITY- ST- ZIP	BINGHAMTON NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NOLE, ROBERT J.	
STREET ADDRESS	910 SARAH DR.	
CITY- ST- ZIP	CLARKS SUMMIT PA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PRICE, W. RALPH	
STREET ADDRESS	R.D. #4 BOX 4089	
CITY- ST- ZIP	WINDSOR NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLANCY, PATRICK J.	
STREET ADDRESS	11 GRANDVIEW RD	
CITY- ST- ZIP	BOW NY	

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
2 1 TITLE	Sr. Vice President & Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY- ST- ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY- ST- ZIP	
4 1 TITLE	Treasurer and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY- ST- ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY- ST- ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R J Nole

Treasurer 4/18/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)