

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P31230 (6)
1. Corporation Name
DORON PRECISION SYSTEMS, INC.



Principal Place of Business % CARL J. WENZINGER, JR. PO BOX 400 BINGHAM NY 13902 US	Mailing Address % CARL J. WENZINGER, JR. PO BOX 400 BINGHAMTON NY 13902-0400 US	3. Date Incorporated or Qualified 10/04/1990	3a. Date of Last Report 04/29/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Attn: Treasurer Suite, Apt. #, etc. 27 P. O. Box 400 City & State 28 Binghamton, New York Zip 29 13902-0400 Country 30 U.S.	4. FEI Number 16-1020280	Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	NAME WENZINGER, CARL J	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS RR 1 BOX 376	CITY-ST-ZIP VESTAL NY	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE SRVP	NAME KITTINGER, KENNETH R	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 785 RIVER RD	CITY-ST-ZIP BINGHAMTON NY	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE PD	NAME HIRSHMAN, KARL J.	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3370 THISTLEWOOD RD	CITY-ST-ZIP BINGHAMTON NY	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE TD	NAME NOLE, ROBERT J.	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Treasurer
STREET ADDRESS 910 SARAH DR.	CITY-ST-ZIP CLARKS SUMMIT PA	4.2 NAME	Nickerson, Brett R.
		4.3 STREET ADDRESS	97 Kattelville Road
		4.4 CITY-ST-ZIP	Binghamton, New York 13901
TITLE SD	NAME PRICE, W. RALPH	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS R.D. #4 BOX 4089	CITY-ST-ZIP WINDSOR NY	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE D	NAME CLANCY, PATRICK J.	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11 GRANDVIEW RD	CITY-ST-ZIP BOW NY	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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 included 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: B. R. Nickerson **B. R. Nickerson** **May 1, 1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)