

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 % CARL J. WENZINGER, JR. PO BOX 400 BINGHAM NY 13902 US	Mailing Address ATTN: TREASURER PO BOX 400 BINGHAMTON NY 13902 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 174 Court St., P. O. Box	26 400	27 Suite, Apt. #, etc.	28
22 Suite, Apt. #, etc.	23 Binghamton, New York	29 City & State	30
24 Zip 13902	25 Country USA	27 Zip	28 Country

3. Date Incorporated or Qualified 10/04/1990	4. FEI Number 16-1020280	Applied For <input type="checkbox"/> 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	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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	85 Zip Code
			FL	

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 signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	WENZINGER, CARL J	
STREET ADDRESS	RR 1 BOX 376	
CITY-ST-ZIP	VESTAL NY	
TITLE	SRVP	<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	NICKERSON, BRETT R	
STREET ADDRESS	97 KATTELVILLE RD	
CITY-ST-ZIP	BINGHAMTON NY	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	12 Oak Street
5.4 CITY-ST-ZIP	Binghamton, New York 13905
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 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 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 3/23/98 607-772-1610

CR2E034 (10/97)