

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

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90115 041 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P31230

1. Corporation Name
DORON PRECISION SYSTEMS, INC.



Principal Place of Business
 % CARL J. WENZINGER, JR.
 PO BOX 400
 BINGHAM NY 13902
 US

Mailing Address
 174 COURT ST
 P.O. BOX 400
 BINGHAMTON NY 13902
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified
10/04/1990

4. FEI Number
16-1020280 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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 title if applicable. (NOT 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENZINGER, CARL J	1.2 NAME	
STREET ADDRESS	RR 1 BOX 376	1.3 STREET ADDRESS	
CITY-ST-ZIP	VESTAL NY	1.4 CITY-ST-ZIP	
TITLE	SRVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITTINGER, KENNETH R	2.2 NAME	
STREET ADDRESS	785 RIVER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BINGHAMTON NY	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSHMAN, KARL J.	3.2 NAME	
STREET ADDRESS	3370 THISTLEWOOD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BINGHAMTON NY	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKERSON, BRETT R	4.2 NAME	
STREET ADDRESS	97 KATTELVILLE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BINGHAMTON NY	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, W. RALPH	5.2 NAME	
STREET ADDRESS	12 OAK ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BINGHAMTON NE 13905	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLANCY, PATRICK J.	6.2 NAME	
STREET ADDRESS	11 GRANDVIEW RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOW NY	6.4 CITY-ST-ZIP	

D
 Carl R. Ernst
 2617 Pine Bluff Drive
 Vestal, N.Y. 13850

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.073(j), Florida Statutes. 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, with a holder like empowered.

SIGNATURE: *B. R. Nickerson* Brett R. Nickerson 4/20/99 607-772-1610
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)