


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P31230**  
 1. Entity 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
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04162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 16-1020280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

000000129698  
 04/26/04-80090-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WENZINGER, CARL J 725 COLUMBIA DRIVE, APT. L-49 JOHNSON CITY, NY 13790
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WENZINGER, DONALD 4513 MERCER PLACE VESTAL, NY 13850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS NICKERSON, BRETT R 785 BALLYHACK RD PORT CRANE, NY 13833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, W. RALPH 12 OAK ST BINGHAMTON, NE 13905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERNST, CARL R 1061 MEADOW POND LANE LITTLE MEADOWS, PA 18830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 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:** B. R. Nickerson **B. R. NICKERSON** 4/16/04 607-772-1610  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #