

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

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ 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 fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE
NAME WENZINGER, CARL J
STREET ADDRESS RR 1 BOX 376
CITY-ST-ZIP VESTAL NY

TITLE V ☐ DELETE
NAME KITTINGER, KENNETH R
STREET ADDRESS 785 RIVER RD
CITY-ST-ZIP BINGHAMTON NY

TITLE PD ☐ DELETE
NAME HIRSHMAN, KARL J.
STREET ADDRESS 3370 THISTLEWOOD RD
CITY-ST-ZIP BINGHAMTON NY

TITLE T ☐ DELETE
NAME NOLE, ROBERT J.
STREET ADDRESS 910 SARAH DR.
CITY-ST-ZIP CLARKS SUMMIT PA

TITLE SD ☐ DELETE
NAME PRICE, W. RALPH
STREET ADDRESS R.D. #4 BOX 4089
CITY-ST-ZIP WINDSOR NY

TITLE D ☐ DELETE
NAME CLANCY, PATRICK J.
STREET ADDRESS 11 GRANDVIEW RD
CITY-ST-ZIP BOW NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

Sr. Vice President & Dir. ☒ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

Treasurer and Director ☒ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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:

Treasurer 4/18/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)