

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90257 042 ***150.00

CR2E034 (10/02)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **16-1020280**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **WENZINGER, CARL J**
STREET ADDRESS **725 COLUMBIA DRIVE, APT. L-49**
CITY-ST-ZIP **JOHNSON CITY NY 13790**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SRVD** ☒ Delete
NAME **KITTINGER, KENNETH R**
STREET ADDRESS **785 RIVER RD**
CITY-ST-ZIP **BINGHAMTON NY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **WENZINGER, DONALD**
STREET ADDRESS **4513 MERCER PLACE**
CITY-ST-ZIP **VESTAL NY 13850**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TS** ☐ Delete
NAME **NICKERSON, BRETT R**
STREET ADDRESS **785 BALLYHACK RD**
CITY-ST-ZIP **PORT CRANE NY 13833**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PRICE, W. RALPH**
STREET ADDRESS **12 OAK ST**
CITY-ST-ZIP **BINGHAMTON NE 13905**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ERNST, CARL R**
STREET ADDRESS **1061 MEADOW POND LANE**
CITY-ST-ZIP **LITTLE MEADOWS PA 18830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

Date

607-772-1610

Daytime Phone #