



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 113739		2. Name of Corporation ASCENT TECHNOLOGIES GROUP, INC.			
3. Street Address Principal Business Office One Mill Street		City Providence		State RI	Zip 01831
4. Business Phone No. (315) 625-7299		5. State of Incorporation NEW YORK			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island AVIATION EQUIPMENT INSTALLATION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Hadden C. Geller II			Vice President Name David E. Wagon		
Street Address 3059 West Main Street			Street Address 4858 Cordy Lane		
City Providence	State RI	Zip 01831	City Mantoloking	State NJ	Zip 07041
Secretary Name Dorothy L. Beck			Treasurer Name Christine S. Combs		
Street Address 30 Liberty Street			Street Address 186 Hungry Lane		
City Mexico	State NJ	Zip 07036	City Central Square	State NJ	Zip 07036
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 COMM NO PAR VALUE			100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



113739

File Date	8-1-05
Check No.	35676
By:	2
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Christine S. Combs

Print or Type Name of Officer

Treasurer / CFO

Title of Officer

Date



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
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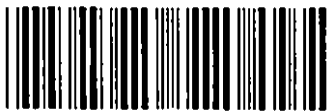
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 113739		2. Name of Corporation ASCENT TECHNOLOGIES GROUP, INC.			
3. Street Address Principal Business Office One Mill Street			City Parish	State NY	Zip 13131
4. Business Phone No. 315-625-7299		5. State of Incorporation NEW YORK			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island AVIATION EQUIPMENT INSTALLATION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Hadwen C. Fuller II			Vice President Name David E. Newman		
Street Address 3059 Main Street			Street Address 4858 Candy Lane		
City Parish	State NY	Zip 13131	City Manilius	State NY	Zip 13104
Secretary Name Dorothy L. Beck			Treasurer Name Christine S. Coombs		
Street Address Liberty Street			Street Address 186 Hungary Lane Road		
City Mexico	State NY	Zip 13114	City Central Square	State NY	Zip 13036
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 COMM NO PAR VALUE			100 sh	Common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 3 7 3 9 *

File Date **3-8-04**
Check No. **30664**
By: **lup**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **Christine S. Coombs** Date **3-4-04**

Print or Type Name of Officer
Christine S. Coombs

Title of Officer
Treasurer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **113739** 2. Name of Corporation **ASCENT TECHNOLOGIES GROUP, INC.**
3. Street Address Principal Business Office **One Mill Street** City **Parish** State **NY** Zip **13131**
4. Business Phone No. **(315) 625-7299** 5. State of Incorporation **NEW YORK** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

None

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Hadwen C. Fuller II	Vice President Name David E. Newman
Street Address 3059 West Main St	Street Address 318 Jamesville Rd
City Parish State NY Zip 13131	City Dewitt State NY Zip 13214
Secretary Name Dorothy C. Beck	Treasurer Name Christine S. Coombs
Street Address Liberty St	Street Address 186 Hungary Lane
City Mexico State NY Zip 13114	City Central Square State NY Zip 13036

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
200 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100sh Common No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 3 7 3 9 *

File Date: **3-17-03**

Check No.: **27312**

By: **2**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

Christine S. Coombs
Print or Type Name of Officer

Treasurer
Title of Officer



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AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 113739 2. Name of Corporation ASCENT TECHNOLOGIES GROUP, INC.

3. Street Address Principal Business Office ONE MILL STREET City PARISH State NEW YORK Zip 13131

4. Business Phone No. 315-625-7299 5. State of Incorporation NEW YORK 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
NONE AT THIS TIME

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) XX FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Hadwen C. Fuller II</u>	Vice President Name <u>David E. Newman</u>
Street Address <u>3054 West Main St</u>	Street Address <u>318 Jamesville Rd</u>
City <u>Parish</u> State <u>NY</u> Zip <u>13131</u>	City <u>Dewitt</u> State <u>NY</u> Zip <u>13214</u>
Secretary Name <u>Dorothy C. Bede</u>	Treasurer Name <u>Christine S. Coombs</u>
Street Address <u>Liberty St</u>	Street Address <u>186 Hungary Lane</u>
City <u>Mexico</u> State <u>NY</u> Zip <u>13114</u>	City <u>Central Square</u> State <u>NY</u> Zip <u>13036</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>200 COMM NO PAR VALUE</u>		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>100 sh</u>	<u>Common</u>	<u>No Par</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 3 7 3 9 *

File Date: 4-18-02

Check No.: 24158

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 4/28/02

CHRISTINE S. COOMBS

Print or Type Name of Officer

TREASURER

Title of Officer

5

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **113739** 2. Name of Corporation **ASCENT TECHNOLOGIES GROUP, INC.**

3. Street Address Principal Business Office **One Mill Street** City **Providence** State **RI** Zip **02901**

4. Business Phone No. 5. State of Incorporation **NEW YORK** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
None at this time

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Hadwen C. Fuller II	Vice President Name David E. Newman
Street Address 3059 West Main St	Street Address 318 Jonesville Rd
City Providence	City Dorchester
State RI	State MA
Zip 02901	Zip 01904
Secretary Name Dorothy C. Beck	Treasurer Name Christine S. Combs
Street Address 30 Liberty St	Street Address 186 Hungary Lane
City Mexico	City Central Square
State RI	State MA
Zip 02901	Zip 01036

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
200 COMM NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 3 7 3 9 *

File Date: **8/20/01**
Check No.: **51449**
By: **GAN**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **Christine S. Combs** Date **3/1/01**
Print or Type Name of Officer
Treasurer
Title of Officer