


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # F9600000713
1. Entity Name
ROME RESEARCH CORPORATION



Principal Place of Business: 8383 SENECA TURNPIKE, NEW HARTFORD, NY 13413-4991
Mailing Address: 8383 SENECA TURNPIKE, NEW HARTFORD, NY 13413-4991

DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number: 16-1032496 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LANE JR, ALBERT
STREET ADDRESS	314 SOUTH JAY STREET
CITY - ST - ZIP	ROME, NY
TITLE	S
NAME	CORTESE, GREGORY T
STREET ADDRESS	8383 SENECA TURNPIKE
CITY - ST - ZIP	NEW HARTFORD, NY
TITLE	T
NAME	CASCIANO, RONALD J
STREET ADDRESS	8383 SENECA TURNPIKE
CITY - ST - ZIP	NEW HARTFORD, NY
TITLE	CD
NAME	SAMMON, JOHN W
STREET ADDRESS	8383 SENECA TURNPIKE
CITY - ST - ZIP	NEW HARTFORD, NY
TITLE	D
NAME	CONSTANTINO, CHARLES A
STREET ADDRESS	8383 SENECA TURNPIKE
CITY - ST - ZIP	NEW HARTFORD, NY
TITLE	D
NAME	HANEY, J W
STREET ADDRESS	8383 SENECA TURNPIKE
CITY - ST - ZIP	NEW HARTFORD, NY

DO NOT WRITE IN THIS SPACE

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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)(f), 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: Ronald Casciano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/05 (315) 738-0600
Date Daytime Phone #