


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F96000000713		
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
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DO NOT WRITE IN THIS SPACE



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1032496	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	
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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)

U00000570235  
07/14/06-80005-014 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  7/5/06 315-339-0461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #