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FILED

**Mar 04 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000713 (5)

1. Corporation Name
ROME RESEARCH CORPORATION



Principal Place of Business
**8383 SENECA TURNPIKE
NEW HARTFORD NY 13413-4991**

Mailing Address
**8383 SENECA TURNPIKE
NEW HARTFORD NY 13413-4957**

3. Date Incorporated or Qualified
02/13/1996

3a. Date of Last Report

4. FEI Number
16-1032496

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**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Country

26. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LANE JR, ALBERT	
STREET ADDRESS	314 SOUTH JAY STREET	
CITY-ST-ZIP	ROME NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CORTESE, GREGORY T	
STREET ADDRESS	8383 SENECA TURNPIKE	
CITY-ST-ZIP	NEW HARTFORD NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CASCIANO, RONALD J	
STREET ADDRESS	8383 SENECA TURNPIKE	
CITY-ST-ZIP	NEW HARTFORD NY	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SAMMON, JOHN W	
STREET ADDRESS	8383 SENECA TURNPIKE	
CITY-ST-ZIP	NEW HARTFORD NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONSTANANTINO, CHARLES A	
STREET ADDRESS	8383 SENECA TURNPIKE	
CITY-ST-ZIP	NEW HARTFORD NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANEY, J W	
STREET ADDRESS	8383 SENECA TURNPIKE	
CITY-ST-ZIP	NEW HARTFORD NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert LANE JR 31 Jan 97
315 339-0491

CR2E034 (9/96)