

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 13413-4991
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/13/1996	
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. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE JR, ALBERT	1.2 NAME	
STREET ADDRESS	314 SOUTH JAY STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROME NY	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORTESE, GREGORY T	2.2 NAME	
STREET ADDRESS	8383 SENECA TURNPIKE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HARTFORD NY	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASCIANO, RONALD J	3.2 NAME	
STREET ADDRESS	8383 SENECA TURNPIKE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HARTFORD NY	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMMON, JOHN W	4.2 NAME	
STREET ADDRESS	8383 SENECA TURNPIKE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HARTFORD NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANANTINO, CHARLES A	5.2 NAME	CONSTANTINO, CHARLES A.
STREET ADDRESS	8383 SENECA TURNPIKE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HARTFORD NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANEY, J W	6.2 NAME	
STREET ADDRESS	8383 SENECA TURNPIKE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HARTFORD NY	6.4 CITY-ST-ZIP	

14. 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 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 _____

CR2E034 (10/97)