

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000713

1. Entity Name

ROME RESEARCH CORPORATION

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90063 037 ***150.00

Principal Place of Business

Mailing Address

**8383 SENECA TURNPIKE
 NEW HARTFORD NY 13413-4991**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

16-1032496

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	CONSTANTINO, 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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald J. Casciano* **Ronald J. Casciano** 4/21/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)