

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90097 041 ***150.00

CR2E034 AT

DOCUMENT # F96000000713

1. Entity Name
ROME RESEARCH CORPORATION

Principal Place of Business Mailing Address

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

16-1032496 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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
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: *Charles A Constantino* **CR2E034 (9/01)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **4/29/02** Daytime Phone #: **(315) 738-0600**