

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90139 004 ***150.00

UBR 1/12 AB

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**

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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE JR, ALBERT	NAME	
STREET ADDRESS	314 SOUTH JAY STREET	STREET ADDRESS	
CITY-ST-ZIP	ROME NY	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORTESE, GREGORY T	NAME	
STREET ADDRESS	8383 SENECA TURNPIKE	STREET ADDRESS	
CITY-ST-ZIP	NEW HARTFORD NY	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASCIANO, RONALD J	NAME	
STREET ADDRESS	8383 SENECA TURNPIKE	STREET ADDRESS	
CITY-ST-ZIP	NEW HARTFORD NY	CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMMON, JOHN W	NAME	
STREET ADDRESS	8383 SENECA TURNPIKE	STREET ADDRESS	
CITY-ST-ZIP	NEW HARTFORD NY	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANTINO, CHARLES A	NAME	
STREET ADDRESS	8383 SENECA TURNPIKE	STREET ADDRESS	
CITY-ST-ZIP	NEW HARTFORD NY	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANEY, J W	NAME	
STREET ADDRESS	8383 SENECA TURNPIKE	STREET ADDRESS	
CITY-ST-ZIP	NEW HARTFORD NY	CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ronald J. Casciano **REQUIRED** *Ronald J. Casciano 2/22/03 (315) 732-0600*

CR2E034 (10/02)