

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

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**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1032496 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
 IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LANE JR, ALBERT 314 SOUTH JAY STREET ROME, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CORTESE, GREGORY T 8383 SENECA TURNPIKE NEW HARTFORD, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CASCIANO, RONALD J 8383 SENECA TURNPIKE NEW HARTFORD, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SAMMON, JOHN W 8383 SENECA TURNPIKE NEW HARTFORD, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONSTANTINO, CHARLES A 8383 SENECA TURNPIKE NEW HARTFORD, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANEY, J W 8383 SENECA TURNPIKE NEW HARTFORD, NY

16-1032496-007 150.00

**DO NOT WRITE
 IN THIS SPACE**

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: *Ronald Casciano - Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 (315) 738-0600
Date Daytime Phone #