

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 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



04042005 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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LANE JR, ALBERT
STREET ADDRESS 314 SOUTH JAY STREET
CITY - ST - ZIP ROME, NY

TITLE S
NAME CORTESE, GREGORY T
STREET ADDRESS 8383 SENECA TURNPIKE
CITY - ST - ZIP NEW HARTFORD, NY

TITLE T
NAME CASCIANO, RONALD J
STREET ADDRESS 8383 SENECA TURNPIKE
CITY - ST - ZIP NEW HARTFORD, NY

TITLE CD
NAME SAMMON, JOHN W
STREET ADDRESS 8383 SENECA TURNPIKE
CITY - ST - ZIP NEW HARTFORD, NY

TITLE D
NAME CONSTANTINO, CHARLES A
STREET ADDRESS 8383 SENECA TURNPIKE
CITY - ST - ZIP NEW HARTFORD, NY

TITLE D
NAME HANEY, J W
STREET ADDRESS 8383 SENECA TURNPIKE
CITY - ST - ZIP NEW HARTFORD, NY

**DO NOT WRITE
IN THIS SPACE**

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04716705-80063-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

4/6/05 (315) 738-0600