

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000713

FILED
Mar 30, 2007
Secretary of State

Entity Name: ROME RESEARCH CORPORATION

Current Principal Place of Business:

8383 SENECA TURNPIKE
NEW HARTFORD, NY 134134991

New Principal Place of Business:

Current Mailing Address:

8383 SENECA TURNPIKE
NEW HARTFORD, NY 134134991

New Mailing Address:

FEI Number: 16-1032496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LANE JR, ALBERT
Address: 314 SOUTH JAY STREET
City-St-Zip: ROME, NY

Title: S () Delete
Name: CORTESE, GREGORY T
Address: 8383 SENECA TURNPIKE
City-St-Zip: NEW HARTFORD, NY

Title: T () Delete
Name: CASCIANO, RONALD J
Address: 8383 SENECA TURNPIKE
City-St-Zip: NEW HARTFORD, NY

Title: CD () Delete
Name: SAMMON, JOHN W
Address: 8383 SENECA TURNPIKE
City-St-Zip: NEW HARTFORD, NY

Title: D () Delete
Name: CONSTANTINO, CHARLES A
Address: 8383 SENECA TURNPIKE
City-St-Zip: NEW HARTFORD, NY

Title: D (X) Delete
Name: HANEY, J W
Address: 8383 SENECA TURNPIKE
City-St-Zip: NEW HARTFORD, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD J. CASCIANO

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03/30/2007

Electronic Signature of Signing Officer or Director

Date