


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F93000000305</b>	
<b>1. Entity Name</b> UNIFORCE STAFFING SERVICES, INC.	

<b>Principal Place of Business</b> 415 CROSSWAYS PARK DR WOODBURY, NY 11797 US	<b>Mailing Address</b> 415 CROSSWAYS PARK DR WOODBURY, NY 11797 US
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01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 11-3142245	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**8. Name and Address of Current Registered Agent**

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

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IN THIS SPACE**

**6. 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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	PCTD
<b>NAME</b>	MACCARRONE, HARRY V
<b>STREET ADDRESS</b>	415 CROSSWAYS PARK DR
<b>CITY-ST-ZIP</b>	WOODBURY, NY 11797
<b>TITLE</b>	VF
<b>NAME</b>	ENDE, ROBERT F
<b>STREET ADDRESS</b>	415 CROSSWAYS PARK DR
<b>CITY-ST-ZIP</b>	WOODBURY, NY 11797
<b>TITLE</b>	S
<b>NAME</b>	ANNICELLI, LINDA
<b>STREET ADDRESS</b>	415 CROSSWAYS PARK DR
<b>CITY-ST-ZIP</b>	WOODBURY, NY 11797
<b>TITLE</b>	AS
<b>NAME</b>	FELTMAN, ARTHUR A
<b>STREET ADDRESS</b>	415 CROSSWAYS PARK DR
<b>CITY-ST-ZIP</b>	WOODBURY, NY 11797
<b>TITLE</b>	VP
<b>NAME</b>	GOLIO, TERESA
<b>STREET ADDRESS</b>	415 CROSSWAYS PARK DRIVE
<b>CITY-ST-ZIP</b>	WOODBURY, NY 11797
<b>TITLE</b>	VP
<b>NAME</b>	CLAIBORNE, DIANE
<b>STREET ADDRESS</b>	415 CROSSWAYS PARK DRIVE
<b>CITY-ST-ZIP</b>	WOODBURY, NY 11797

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05/08/06-80057-005 150.00

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Arthur A. Feltman UP Asst Secretary 4/26/06 437-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #