

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005955

1. Entity Name

COMFORCE TELECOM, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90045 021 ***150.00

Principal Place of Business

Mailing Address

415 CROSSWAYS PARK DRIVE
WOODBURY NY 11797
US

415 CROSSWAYS PARK DRIVE
WOODBURY NY 11797-2061
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3742828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MACCARRONE, HARRY 415 CROSSWAYS PARK DR WOODBURY NY 11797	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BALDWIN, ROBERT 415 CROSSWAYS PARK DR WOODBURY FL 11797	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIERNAN, KEVIN 415 CROSSWAYS PARK DRIVE WOODBURY NY 11797	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ENDE, ROBERT F 415 CROSSWAYS PARK DR WOODBURY NY 11797	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT REIBEN, ANDREW C 415 CROSSWAYS PARK DR WOODBURY NY 11797	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FELTMAN, ARTHUR 415 CROSSWAYS PARK DR WOODBURY NY 11797	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/P/D HARRY V. MACCARRONE 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/T/CFO ROBERT H.B. BALDWIN, JR. 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. VICE PRESIDENT ROMOLO MARCUCCI 277 FAIRFIELD ROAD FAIRFIELD, NJ 07004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, FINANCE ROBERT F. ENDE 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY LINDA ANNICELLI 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X Arthur A. Felten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00
Date

(56)437-3300
Daytime Phone #

CR2E034 (9/99)