

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90062 035 ***150.00

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1. Entity Name
COMFORCE TELECOM, INC.



40040010

Principal Place of Business
**415 CROSSWAYS PARK DRIVE
WOODBURY, NY 11797 US**

Mailing Address
**415 CROSSWAYS PARK DRIVE
WOODBURY, NY 11797 US**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

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

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO /T/D
MACCARRONE, HARRY V
415 CROSSWAYS PARK DR
WOODBURY, NY 11797**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VF
-ENDE, ROBERT F
415 CROSSWAYS PARK DR
WOODBURY, NY 11797**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ANNICELLI, LINDA
415 CROSSWAYS PARK DR
WOODBURY, NY 11797**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
FELTMAN, ARTHUR
415 CROSSWAYS PARK DR
WOODBURY, NY 11797**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GOLIO, TERESA
415 CROSSWAYS PARK DR.
WOODBURY, NY 11797**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CLAIBORNE, DIANE
415 CROSSWAYS PARK DR.
WOODBURY, NY 11797**

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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:

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

V.P. and
Asst. Sec. 3/21/05 (516)437-3300
Date Daytime Phone #