**FILED** 

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## May 05, 2003 8:00 am Secretary of State F93000005955 DOCUMENT # 05-05-2003 91401 014 \*\*\*150.00 1. Entity Name COMFORCE TELECOM, INC. Mailing Address 415 CROSSWAYS PARK DRIVE Principal Place of Business 415 CROSSWAYS PARK DRIVE WOODBURY NY 11797 WOODBURY NY 11797 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 13-3742828 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PCEO** TITLE TITLE Addition Delete P/CEO/T/CFO/D MACCARRONE, HARRY V NAME NAME MACCARRONE, HARRY V. 415 CROSSWAYS PARK DR STREET ADDRESS STREET ADDRESS 415 CROSSWAYS PARK DRIVE WOODBURY NY 11797 CITY-ST-ZIP CITY-ST-ZIP WOODBURY, NY 11797 TITLE Delete TITLE ☐ Change Addition NAME MARCUCCI, ROMOLO NAME 277 FAIRFIELD RD STREET ADDRESS STREET ADDRESS FAIRFIELD NJ 07004 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ENDE. ROBERT F NAME STREET ADDRESS 415 CROSSWAYS PARK DR STREET ADDRESS WOODBURY NY 11797 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ANNICELLI, LINDA NAME NAME 415 CROSSWAYS PARK DR STREET ADDRESS STREET ADDRESS WOODBURY NY 11797 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition FELTMAN, ARTHUR NAME NAME 415 CROSSWAYS PARK DR STREET ADDRESS STREET ADDRESS WOODBURY NY 11797 CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

ARTHUR A. FELTMAN