

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000001444**

1. Entity Name

LABFORCE OF AMERICA, INC.**FILED****Mar 15, 2000 8:00 am**
Secretary of State

03-15-2000 90090 035 ***150.00

822416

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

415 CROSSWAYS PARK DRIVE
WOODBURY NY 11797**415 CROSSWAYS PARK DRIVE**
WOODBURY NY 11797-2061

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3176817

Applied For

Not Applicable

Zip

Country

Zip

Country

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****THE PRENTICE-HALL CORPORATION SYSTEM, INC.**
1201 HAYS ST., STE. 105
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 State10. 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	<input checked="" type="checkbox"/> Delete
CEO	MACCARRONE, HARRY	415 CROSSWAYS PARK DR	WOODBURY NY 11797	<input checked="" type="checkbox"/> Delete
VTS	BALDWIN, ROBERT	415 CROSSWAYS PARK DRIVE	WOODBURY NY 11797	<input checked="" type="checkbox"/> Delete
VC	ENDE, ROBERT F	415 CROSSWAYS PARK DRIVE	WOODBURY NY 11797	<input checked="" type="checkbox"/> Delete
VT	REIBEN, ANDREW	415 CROSSWAYS PARK DRIVE	WOODBURY NY 11797	<input checked="" type="checkbox"/> Delete
AS	FELTMAN, ARTHUR	415 CROSSWAYS PARK DRIVE	WOODBURY NY 11797	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P/CEO	MACCARRONE, HARRY V.	415 CROSSWAYS PARK DRIVE	WOODBURY, NY 11797	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V/T/S/CFO	BALDWIN, ROBERT H.B.	415 CROSSWAYS PARK DRIVE	WOODBURY, NY 11797	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP, FINANCIAL SERVICES	ENDE, ROBERT F.	415 CROSSWAYS PARK DRIVE	WOODBURY, NY 11797	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ASST. SECRETARY	ANNICELLI, LINDA	415 CROSSWAYS PARK DRIVE	WOODBURY, NY 11797	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(516) 437-3300