

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F96000003096

1. Entity Name  
COMFORCE TECHNICAL SERVICES, INC.



Principal Place of Business  
415 CROSSWAYS PARK DR.  
WOODBURY, NY 11797

Mailing Address  
415 CROSSWAYS PARK DR.  
WOODBURY, NY 85282



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
11-3319067

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  
PDT  
MACCARRONE, HARRY V  
415 CROSSWAYS PARK DR.  
WOODBURY, NY 11797

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVS  
BURKS, EVAN  
1858 E. SOUTHERN AVE.  
TEMPE, AZ 85282

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000281973  
03/31/05-80024-023 150.00

**DO NOT WRITE  
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. Felman Arthur A. Felman, Asst. Sec. 3/21/05 (516)437-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #