2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000003096

1. Entity Name
COMFORCE TECHNICAL SERVICES, INC.

Principal Place of Business	Mailing Address
415 CROSSWAYS PARK DR. WOODBURY, NY 11797	415 CROSSWAYS PARK DR. WOODBURY, NY 85282

DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000535555
05/08/06-80057-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	MACCARRONE, HARRY V
STREET ADDRESS	415 CROSSWAYS PARK DR.
CITY-ST-ZIP	WOODBURY, NY 11797
TITLE	EVS
NAME	BURKS, EVAN
STREET ADDRESS	1859 E. SOUTHERN AVE.
CITY-ST-ZIP	TEMPE, AZ 85282
TITLE	VF
NAME	ENDE', ROBERT E
STREET ADDRESS	415 CROSSWAYS PARK DR.
CITY-ST-ZIP	WOODBURY, NY 11797
TITLE	AS
NAME	FELTMAN, ARTHUR A
STREET ADDRESS	415 CROSSWAYS PARK DR.
CITY-ST-ZIP	WOODBURY, NY 11797
TITLE	AS
NAME	ANNICELLI, LINDA
STREET ADDRESS	415 CROSSWAYS PARK DR
CITY-ST-ZIP	WOODBURY, NY 11797
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Arthur A. Feltman

SIGNATURE: Arth A Fel VP. Asst. Secretary 4/20/06 437-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #