

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005295 (8)**
1. Corporation Name
UNIFORCE INFORMATION SERVICES OF TEXAS, INC.



Principal Place of Business 415 CROSSWAYS PARK DR WOODBURY NY 11797	Mailing Address 415 CROSSWAYS PARK DR WOODBURY NY 11797
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/11/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 11-3318933	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	1.1 TITLE	D/CEO
NAME	FANNING, JOHN	1.2 NAME	Michael Ferrentino
STREET ADDRESS	415 CROSSWAYS PARK DR	1.3 STREET ADDRESS	415 Crossways Park Drive
CITY-ST-ZIP	WOODBURY NY 11797	1.4 CITY-ST-ZIP	Woodbury NY 11797
TITLE	DP	2.1 TITLE	P
NAME	MANISCALCO, ROSEMARY	2.2 NAME	Rosemary Maniscalco
STREET ADDRESS	415 CROSSWAYS PARK DR	2.3 STREET ADDRESS	415 Crossways Park Drive
CITY-ST-ZIP	WOODBURY NY 11797	2.4 CITY-ST-ZIP	Woodbury NY 11797
TITLE	DVT	3.1 TITLE	VP
NAME	MACCARRONE, HARRY	3.2 NAME	John Fanning
STREET ADDRESS	415 CROSSWAYS PARK DR	3.3 STREET ADDRESS	415 Crossways Park Drive
CITY-ST-ZIP	WOODBURY NY 11797	3.4 CITY-ST-ZIP	Woodbury NY 11797
TITLE	S	4.1 TITLE	VP
NAME	GELLER, DIANE J	4.2 NAME	Harry Maccarrone
STREET ADDRESS	415 CROSSWAYS PARK DR	4.3 STREET ADDRESS	415 Crossways Park Drive
CITY-ST-ZIP	WOODBURY NY 11797	4.4 CITY-ST-ZIP	Woodbury NY 11797
TITLE		5.1 TITLE	VP/S/T/CFO
NAME		5.2 NAME	Paul J. Grillo
STREET ADDRESS		5.3 STREET ADDRESS	415 Crossways Park Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Woodbury NY 11797
TITLE		6.1 TITLE	VP/AT/AS
NAME		6.2 NAME	Andrew C. Reiben
STREET ADDRESS		6.3 STREET ADDRESS	415 Crossways Park Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Woodbury NY 11797

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0505(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arthur A. Feltman

Arthur A. Feltman

4/24/98 516 437-3300

CR2E034 (10/97)