

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005295

1. Entity Name

UNIFORCE INFORMATION SERVICES OF TEXAS, INC.

FILED

Mar 14, 2000 8:00 am  
Secretary of State

03-14-2000 90010 015 \*\*\*150.00

Principal Place of Business

Mailing Address

415 CROSSWAYS PARK DR  
WOODBURY NY 11797

415 CROSSWAYS PARK DR  
WOODBURY NY 11797-2061

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3318933

Applied For

Not Applicable

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 STREET  
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 State**

10. 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 PCEO ☐ Delete  
NAME MACCARRONE, HARRY V  
STREET ADDRESS 415 CROSSWAYS PARK DR  
CITY-ST-ZIP WOODBURY NY 11797

TITLE P/CEO/D ☒ Change ☐ Addition  
NAME MACCARRONE, HARRY V.  
STREET ADDRESS 415 CROSSWAYS PARK DRIVE  
CITY-ST-ZIP WOODBURY, NY 11797

TITLE VTSC ☐ Delete  
NAME BALDWIN, ROBERT  
STREET ADDRESS 415 CROSSWAYS PARK DR  
CITY-ST-ZIP WOODBURY NY 11797

TITLE V/S/T/CFO ☒ Change ☐ Addition  
NAME BALDWIN, ROBERT  
STREET ADDRESS 415 CROSSWAYS PARK DRIVE  
CITY-ST-ZIP WOODBURY, NY 11797

TITLE VC ☐ Delete  
NAME ENDE, ROBERT F  
STREET ADDRESS 415 CROSSWAYS PARK DR  
CITY-ST-ZIP WOODBURY NY 11797

TITLE VP, FINANCE ☒ Change ☐ Addition  
NAME ENDE, ROBERT F.  
STREET ADDRESS 415 CROSSWAYS PARK DRIVE  
CITY-ST-ZIP WOODBURY, NY 11797

TITLE VATS ☒ Delete  
NAME REIBEN, ANDREW C  
STREET ADDRESS 415 CROSSWAYS PARK DR  
CITY-ST-ZIP WOODBURY NY 11797

TITLE ASST. SECRETARY ☐ Change ☒ Addition  
NAME ANNICELLI, LINDA  
STREET ADDRESS 415 CROSSWAYS PARK DRIVE  
CITY-ST-ZIP WOODBURY, NY 11797

TITLE AS ☐ Delete  
NAME FELTMAN, ARTHUR A  
STREET ADDRESS 415 CROSSWAYS PK DR  
CITY-ST-ZIP WOODBURY M 11797

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 of Arthur A. Feltsman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(516) 437-3300

CR2E034 (9/99)