

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005295

Entity Name

COMFORCE INFORMATION TECHNOLOGIES, INC.

Principal Place of Business

415 CROSSWAYS PARK DR
WOODBURY NY 11797

Mailing Address

415 CROSSWAYS PARK DR
WOODBURY NY 11797

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	PCD	<input checked="" type="checkbox"/> Delete
NAME	MACCARRONE, HARRY V	
STREET ADDRESS	415 CROSSWAYS PARK DR	
CITY-ST-ZIP	WOODBURY NY 11797	

TITLE	P/CEO/T/CFO/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACCARRONE, HARRY V.	
STREET ADDRESS	415 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY, NY 11797	

TITLE	VTSC	<input checked="" type="checkbox"/> Delete
NAME	BALDWIN, ROBERT	
STREET ADDRESS	415 CROSSWAYS PARK DR	
CITY-ST-ZIP	WOODBURY NY 11797	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VF	<input checked="" type="checkbox"/> Delete
NAME	ENDE, ROBERT F	
STREET ADDRESS	415 CROSSWAYS PARK DR	
CITY-ST-ZIP	WOODBURY NY 11797	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	ANNICELLI, LINDA	
STREET ADDRESS	415 CROSSWAYS PARK DR	
CITY-ST-ZIP	WOODBURY NY 11797	

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNICELLI, LINDA	
STREET ADDRESS	415 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY, NY 11797	

TITLE	AS	<input type="checkbox"/> Delete
NAME	FELTMAN, ARTHUR A	
STREET ADDRESS	415 CROSSWAYS PK DR	
CITY-ST-ZIP	WOODBURY M 11797	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Arthur A. Feltman* Feltman, Asst. Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(516) 437-3300

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90112 050 ***400.00
07-24-2001 90007 046 ***150.00

A0083165



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)