

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90081 024 ***150.00

DOCUMENT # F96000005295

1. 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

54038177



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

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

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

7. Name and Address of New Registered Agent

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. 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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MACCARRONE, HARRY V	
STREET ADDRESS	415 CROSSWAYS PARK DR	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ENDE, ROBERT F	
STREET ADDRESS	415 CROSSWAYS PARK DR	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ANNICELLI, LINDA	
STREET ADDRESS	415 CROSSWAYS PARK DR	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FELTMAN, ARTHUR A	
STREET ADDRESS	415 CROSSWAYS PK DR	
CITY-ST-ZIP	WOODBURY M 11797	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOLIO, TERESA	
STREET ADDRESS	415 CROSSWAYS PARK DR	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLAIBORNE, DIANE	
STREET ADDRESS	415 CROSSWAYS PARK DR	
CITY-ST-ZIP	WOODBURY NY 11797	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T/CEO/CFO/D	<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	SR. VP-FINANCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENDE, ROBERT F.	
STREET ADDRESS	415 Crossways Park Drive	
CITY-ST-ZIP	Woodbury, NY 11797	
TITLE	VP/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELTMAN, ARTHUR A.	
STREET ADDRESS	415 Crossways Park Drive	
CITY-ST-ZIP	Woodbury, NY 11797	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLIO, TERESA	
STREET ADDRESS	415 Crossways Park Drive	
CITY-ST-ZIP	Woodbury, NY 11797	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAIBORNE, DIANE	
STREET ADDRESS	415 Crossways Park Drive	
CITY-ST-ZIP	Woodbury, NY 11797	

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. Feltman* Arthur A. Feltman, VP & Asst. Sec. 4/15/04 **(516)** 437-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #