

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90097 045 \*\*\*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**



☐ CHECK HERE IF MAKING CHANGES

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

**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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCTD  
MACCARRONE, HARRY V  
415 CROSSWAYS PARK DR  
WOODBURY NY 11797** ☒ Delete

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ANNICELLI, LINDA  
415 CROSSWAYS PARK DR  
WOODBURY NY 11797** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT/SECRETARY  
ANNICELLI, LINDA  
415 CROSSWAYS PARK DR  
WOODBURY, NY 11797** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP/ASST. SECRETARY  
FELTMAN, ARTHUR A.  
415 CROSSWAYS PARK DR  
WOODBURY, NY 11797** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT  
GOLIO, TERESA  
415 CROSSWAYS PARK DR  
WOODBURY, NY 11797** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT  
CLAIBORNE, DIANE  
415 CROSSWAYS PARK DR  
WOODBURY, NY 11797** ☐ Change ☒ Addition

CR2E034 (10/02)

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

**2/6/03**

Date

**56-437-3300**

Daytime Phone #