

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000006848

1. Corporation Name

COMFORCE INFORMATION TECHNOLOGIES, INC.

Principal Place of Business

1858 E. SOUTHERN AVENUE
TEMPE AZ 85282

Mailing Address

1858 E. SOUTHERN AVENUE
TEMPE AZ 85282

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90133 049 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1998

4. FEI Number

11-3335056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 415 Crossways Park Drive

2a. Mailing Address

26 415 Crossways Park Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Woodbury, NY

City & State

28 Woodbury, NY

Zip

24 11797

Country

25 USA

Zip

29 11797

Country

30 USA

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

TITLE **PD** ☒ DELETE

NAME **FERRENTINO, MICHAEL**

STREET ADDRESS **2001 MARCUS AVE.**

CITY-ST-ZIP **LAKE SUCCESS NY 11042**

TITLE **TAS** ☒ DELETE

NAME **REIBEN, ANDREW**

STREET ADDRESS **2001 MARCUS AVE.**

CITY-ST-ZIP **LAKE SUCCESS NY 11042**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CEO/P/D** ☒ Change ☐ Addition

1.2 NAME **Harry V. Maccarrone**

1.3 STREET ADDRESS **415 Crossways Park Drive**

1.4 CITY-ST-ZIP **Woodbury, NY 11797**

2.1 TITLE **V/S/T/CFO** ☒ Change ☐ Addition

2.2 NAME **Robert Baldwin**

2.3 STREET ADDRESS **415 Crossways Park Drive**

2.4 CITY-ST-ZIP **Woodbury, NY 11797**

3.1 TITLE **V/CONTROLLER** ☒ Change ☐ Addition

3.2 NAME **Robert F. Ende**

3.3 STREET ADDRESS **415 Crossways Park Drive**

3.4 CITY-ST-ZIP **Woodbury, NY 11797**

4.1 TITLE **V/Asst. T/Asst. S** ☒ Change ☐ Addition

4.2 NAME **Andrew C. Reiben**

4.3 STREET ADDRESS **415 Crossways Park Drive**

4.4 CITY-ST-ZIP **Woodbury, NY 11797**

5.1 TITLE **Asst. S** ☒ Change ☐ Addition

5.2 NAME **Arthur A. Feltman**

5.3 STREET ADDRESS **415 Crossways Park Drive**

5.4 CITY-ST-ZIP **Woodbury, NY 11797**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: Arthur A. Feltman **ARTHUR A. FELTMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/9/99 (516) 437-3300
Daytime Phone #

CR2E034 (1/98)