2000	UNIFORM	BUSINESS	REPORT	(UBR

FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # F9900000536 COMFORCE/PRO SERVICES, INC. 03-20-2000 90056 043 ***150.00 Mailing Address Principal Place of Business 415 CROSSWAYS PARK DRIVE 415 CROSSWAYS PARK DRIVE WOODBURY NY 11797-2061 WOODBURY NY 11797 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 11-3464400 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. P/CEO/D Addition TITLE Datata TITLE XI Change MACCARONE, HARRY V MACCARRONE, HARRY V. NAME NAME STREET ADDRESS STREET ADDRESS 415 CROSSWAY PARK DRIVE 415 Crossways Park Drive CITY-ST-ZIP CITY-ST-ZIP WOODBURY NY Woodbury, NY 11797 V/S/T/CFO X Change ☐ Addition **VST** TITLE TITLE BALDWIN, ROBERT H.B. JR. BALDWIN, BOB NAME NAME STREET ADDRESS STREET ADDRESS 415 CROSSWAY PARK DRIVE 415 Crossways Park Drive CITY-ST-ZIP CITY-ST-ZIP WOODBURY NY Woodbury, NY VP, Finance **K**] Change Addition TITLE TITLE ENDE, ROBERT F. ENDE, ROBERT F NAME NAME STREET ADDRESS 415 CROSSWAY PARK DRIVE STREET ADORESS 415 Crossways Park Drive CITY-ST-7/P CITY-ST-ZIP **WOODBURY NY** Woodbury, NY ASST. SECRETARY ANNICELLI, LINDA Change X Addition Delete TITLE TITLE REIBEN, ANDREW C NAME NAME 415 Crossways Park Drive 415 CROSSWAY PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Woodbury, NY 11797 CITY-ST-ZIP **WOODBURY NY** TITLE Delete TITLE Change ☐ Addition FELTMAN, ARTHUR A NAME NAME STREET ADDRESS STREET ADDRESS 415 CROSSWAY PARK DRIVE CITY-ST-ZIP CITY-ST-ZIP WOODBURY NY Change Addition □ Delete TITLE TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR