2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9900000536

COMFORCE/PRO SERVICES, INC.

Principal Place of Business

415 CROSSWAYS PARK DRIVE WOODBURY NY 11797

City & State

Zip

Mailing Address

City & State

Zip

415 CROSSWAYS PARK DRIVE WOODBURY NY 11797

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.



02-28-2001 90097 005 ***150.00



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Code

Applied For

Not Applicable

7. Name and Address of New Registered Agent

11-3464400

Street Address (P.O. Box Number is Not Acceptable)

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

4. FEI Number

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Name

City

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 \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

Country

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Pres., CEO, Treasurer, CFO, Director Harry V. Maccarrone 415 Crossways Park Drive TITLE X Delete TITE F MACCARONE, HARRY V NAME NAME STREET ADDRESS 415 CROSSWAY PARK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WOODBURY NY Woodbury, NY 11797 TITLE VSTC Delete TITLE Change Addition NAME BALDWIN, BOB NAME STREET ADDRESS 415 CROSSWAY PARK DRIVE STREET ADDRESS CITY-ST-7IP C1TY-ST-ZIP WOODBURY NY **VPF** TITLE Delete TITLE ☐ Change Addition NAME ENDE. ROBERT F STREET ADDRESS 415 CROSSWAY PARK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WOODBURY NY Delete TITLE Change Secretary X Addition NAME REIBEN, ANDREW C ΝΔΜΕ Linda Annicelli STREET ADDRESS 415 CROSSWAY PARK DRIVE STREET ADDRESS 415 Crossways Park Drive CITY-ST-ZIP CITY-ST-ZIP WOODBURY NY Woodbury, NY 11797 TITLE ☐ Delete TITLE Change Addition NAME FELTMAN, ARTHUR A NAME STREET ADDRESS 415 CROSSWAY PARK DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WOODBURY NY TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.