FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY -1 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P22170** **(5)**

1. Corporation Name
UNIFORCE TEMPORARY PERSONNEL, INC.

Principal Place of Business
1335 JERICHO TURNPIKE
NEW HYDE PARK NY 11040-4613

Mailing Address
1335 JERICHO TURNPIKE
NEW HYDE PARK NY 11040-4613

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/19/1988**
3a. Date of Last Report: **02/04/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **13-1996648** — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 resigning — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	300001410768 ☐ Change ☐ Addition
NAME	FANNING, JOHN	1.2 NAME	-05/17/95--01138--013
STREET ADDRESS	1335 JERICHO TPKE	1.3 STREET ADDRESS	****225.00 ****225.00
CITY · ST · ZIP	NEW HYDE PARK NY	1.4 CITY · ST · ZIP	
TITLE	VD	2.1 TITLE	Executive Vice President ☐ Change ☒ Addition
NAME	MANISCALCO, ROSEMARY	2.2 NAME	Chief Operating Officer/Director
STREET ADDRESS	1335 JERICHO TPKE	2.3 STREET ADDRESS	
CITY · ST · ZIP	NEW HYDE PARK NY	2.4 CITY · ST · ZIP	
TITLE	VPTD	3.1 TITLE	☐ Change ☐ Addition
NAME	MACCARRONE, HARRY	3.2 NAME	
STREET ADDRESS	1335 JERICHO TURNPIKE	3.3 STREET ADDRESS	
CITY · ST · ZIP	NEW HYDE PARK NY	3.4 CITY · ST · ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	GELLER, DIANE J.	4.2 NAME	
STREET ADDRESS	1335 JERICHO TURNPIKE	4.3 STREET ADDRESS	
CITY · ST · ZIP	NEW HYDE PARK NY	4.4 CITY · ST · ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY · ST · ZIP		5.4 CITY · ST · ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	JEA
STREET ADDRESS		6.3 STREET ADDRESS	5-1-95
CITY · ST · ZIP		6.4 CITY · ST · ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Diane J. Geller, Secretary — Diane J. Geller, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473003 FP