

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P22170**

1. Entity Name

UNIFORCE SERVICES, INC.**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90044 025 ***150.00

924576

DO NOT WRITE IN THIS SPACE

Principal Place of Business 415 CROSSWAYS PARK DR WOODBURY NY 11797 US	Mailing Address 415 CROSSWAYS PARK DR WOODBURY NY 11797 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 13-1996648	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	MAACARRONE, HARRY	
STREET ADDRESS	415 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FANNING, JOHN	
STREET ADDRESS	415 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	BALDWIN, ROBERT	
STREET ADDRESS	415 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	ENDE, ROBERT F	
STREET ADDRESS	415 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	REIBEN, ANDREW C	
STREET ADDRESS	415 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	FELTMAN, ARTHUR A	
STREET ADDRESS	415 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY NY 11797	

TITLE	P/CEO/T/CFO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY V. MACCARRONE	
STREET ADDRESS	415 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY, NY 11797	
TITLE	VICE PRESIDENT, FINANCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT F. ENDE	
STREET ADDRESS	415 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY, NY 11797	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA ANNICELLI	
STREET ADDRESS	415 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY, NY 11797	
TITLE	ARTHUR A. FELTMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASSISTANT SECRETARY	
STREET ADDRESS	415 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY, NY 11797	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Arthur A. Feltman* Arthur A. Feltman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

Date

(516) 437-3300

Daytime Phone #

CR2E034 (10/00)