


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P22170	
1. Entity Name UNIFORCE SERVICES, INC.	

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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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000535562
05/08/06-80057-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MACCARRONE, HARRY V 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VFIN ENDE, ROBERT F 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANNICELLI, LINDA 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLIO, TERESA 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLAIBORNE, DIANE 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FELTMAN, ARTHUR A 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arthur A. Feltman* *Asst. Secretary* *4/26/06* *437-3300*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #