

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34274 (1)
 1. Corporation Name
UNIFORCE STAFFING 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

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

3. Date Incorporated or Qualified 06/12/1991
4. FEI Number 11-2638211
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANNING, JOHN	1.2 NAME	Michael Ferrentino
STREET ADDRESS	415 CROSSWAYS PARK DR	1.3 STREET ADDRESS	415 Crossways Park Drive
CITY-ST-ZIP	WOODBURY NY	1.4 CITY-ST-ZIP	Woodbury NY 11797
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANISCALCO, ROSEMARY	2.2 NAME	Rosemary Maniscalco
STREET ADDRESS	415 CROSSWAYS PARK DR	2.3 STREET ADDRESS	415 Crossways Park Drive
CITY-ST-ZIP	WOODBURY NY	2.4 CITY-ST-ZIP	Woodbury NY 11797
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELLER, DIANE J.	3.2 NAME	John Fanning
STREET ADDRESS	415 CROSSWAYS PARK DR	3.3 STREET ADDRESS	415 Crossways Park Drive
CITY-ST-ZIP	WOODBURY NY	3.4 CITY-ST-ZIP	Woodbury NY 11797
TITLE	DVT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACCARRONE, HARRY	4.2 NAME	Harry Maccarrone
STREET ADDRESS	415 CROSSWAYS PARK DR	4.3 STREET ADDRESS	415 Crossways Park Drive
CITY-ST-ZIP	WOODBURY NY	4.4 CITY-ST-ZIP	Woodbury NY 11797
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VP/S/T/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Paul J. Grillo
STREET ADDRESS		5.3 STREET ADDRESS	415 Crossways Park Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Woodbury NY 11797
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VP/AT/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Andrew C. Reiben
STREET ADDRESS		6.3 STREET ADDRESS	415 Crossways Park Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Woodbury NY 11797

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0503(1), 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 *Arthur A. Beltman* **Arthur A. Beltman** 4/24/98 516 437-3300

CR2E034 (10/97)