

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P34274**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1991

4. FEI Number

11-2638211

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCEO	<input checked="" type="checkbox"/> DELETE
NAME	FERRENTINO, MICHAEL	
STREET ADDRESS	415 CROSSWAYS PARK DR	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MANISCALCO, ROSEMARY	
STREET ADDRESS	415 CROSSWAYS PARK DR	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FANNING, MICHAEL	
STREET ADDRESS	415 CROSSWAYS PARK DR	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MACCARRONE, HARRY	
STREET ADDRESS	415 CROSSWAYS PARK DR	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	GRILLO, PAUL J	
STREET ADDRESS	415 CROSSWAY PARK DR	
CITY-ST-ZIP	WOODBURY FL 11797	
TITLE	VPTA	<input type="checkbox"/> DELETE
NAME	REIBEN, ANDREW C	
STREET ADDRESS	415 CROSSWAY PARK BLVD	
CITY-ST-ZIP	WOODBURY FL 11797	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Harry V. Maccarrone	
1.3 STREET ADDRESS	415 Crossways Park Drive	
1.4 CITY-ST-ZIP	Woodbury NY 11797	
2.1 TITLE	V/T/S/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Baldwin	
2.3 STREET ADDRESS	415 Crossways Park Drive	
2.4 CITY-ST-ZIP	Woodbury, NY 11797	
3.1 TITLE	V/Controller	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert Ende	
3.3 STREET ADDRESS	415 Crossways Park Drive	
3.4 CITY-ST-ZIP	Woodbury, NY 11797	
4.1 TITLE	V/Asst. T/Asst. S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Andrew C. Reiben	
4.3 STREET ADDRESS	415 Crossways Park Drive	
4.4 CITY-ST-ZIP	Woodbury, NY 11797	
5.1 TITLE	Asst. S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Arthur A. Feltman	
5.3 STREET ADDRESS	415 Crossways Park Drive	
5.4 CITY-ST-ZIP	Woodbury, NY 11797	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Arthur A. Feltman Arthur A. Feltman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99

Date

(516) 437-3300

Daytime Phone #

CR2E034 (1/98)