

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000005164**

1. Entity Name

**COMFORCE OPERATING, INC.****FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90028 015 \*\*\*150.00

Principal Place of Business

Mailing Address

**CROSSWAYS PARK DRIVE**  
**WOODBURY NY 11797****415 CROSSWAYS PARK DRIVE**  
**WOODBURY NY 11797-2061****C0042186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**11-3407855**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FANNING, JOHN</b> <b>415 CROSSWAYS PARK DRIVE</b> <b>WOODBURY NY 11797</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/C/CEO/D</b> <b>FANNING, JOHN</b> <b>415 Crossways Park Drive</b> <b>Woodbury, NY 11797</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ENDE, ROBERT</b> <b>415 CROSSWAYS PARK DRIVE</b> <b>WOODBURY NY 11797</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP of Information Services</b> <b>KISLOWSKI, PETER</b> <b>415 Crossways Park Drive</b> <b>Woodbury, NY 11797</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BALDWIN, ROBERT</b> <b>415 CROSSWAYS PARK DRIVE</b> <b>WOODBURY NY 11797</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sr. VP/CFO/Asst. Secretary</b> <b>BALDWIN, ROBERT</b> <b>415 Crossways Park Drive</b> <b>Woodbury, NY 11797</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V&amp;D</b> <b>MACCARRONE, HARRY</b> <b>415 CROSSWAYS PARK DRIVE</b> <b>WOODBURY NY 11797</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	     <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BALDWIN, ROBERT</b> <b>415 CROSSWAYS PARK DRIVE</b> <b>WOODBURY NY 11797</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP of Admin./Asst. Secretary</b> <b>ANNICELLI, LINDA</b> <b>415 Crossways Park Drive</b> <b>Woodbury, NY 11797</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MADDEN, MICHAEL</b> <b>415 CROSSWAYS PARK DRIVE</b> <b>WOODBURY NY 11797</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	     <input type="checkbox"/> Change <input type="checkbox"/> Addition

**\* SEE COMPLETE LIST ATTACHED\***

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(516) 437-3300

Attach.  
CU042186  
H  
F99000005164

**COMFORCE OPERATING, INC.  
OFFICER/DIRECTOR LIST**

---

Officers

John Fanning (President/CEO/Chairman of Board)	415 Crossways Park Drive, Woodbury, NY 11797
Harry V. Maccarrone (Executive Vice President/Secretary)	415 Crossways Park Drive, Woodbury, NY 11797
Robert H.B. Baldwin, Jr. (Sr. Vice President/CFO/Asst. Secretary)	415 Crossways Park Drive, Woodbury, NY 11797
Peter Kislowski (VP of Information Services)	415 Crossways Park Drive, Woodbury, NY 11797
Linda Annicelli (VP of Administration/Asst. Secretary)	415 Crossways Park Drive, Woodbury, NY 11797

Directors

Kenneth J. Daley	415 Crossways Park Drive, Woodbury, NY 11797
John Fanning	415 Crossways Park Drive, Woodbury, NY 11797
Keith Goldberg	415 Crossways Park Drive, Woodbury, NY 11797
Harry V. Maccarrone	415 Crossways Park Drive, Woodbury, NY 11797
Michael Madden	415 Crossways Park Drive, Woodbury, NY 11797
Daniel Raynor	415 Crossways Park Drive, Woodbury, NY 11797
Gordon Robinett	415 Crossways Park Drive, Woodbury, NY 11797