

2001 'UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90044 027 ***150.00

DOCUMENT # F99000005164

1. Entity Name

COMFORCE OPERATING, INC.

Principal Place of Business

**415 CROSSWAYS PARK DRIVE
WOODBURY NY 11797**

Mailing Address

**415 CROSSWAYS PARK DRIVE
WOODBURY NY 11797**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & 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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCED
FANNING, JOHN** ☐ Delete
**415 CROSSWAYS PARK DRIVE
WOODBURY NY 11797**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VIS
KISLOWSKI, PETER** ☒ Delete
**415 CROSSWAYS PARK DRIVE
WOODBURY NY 11797**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V (Vice President Finance) ☐ Change ☒ Addition
**ROBERT F. ENDE
415 CROSSWAYS PARK DRIVE
WOODBURY NY 11797**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVAS
BALDWIN, ROBERT** ☒ Delete
**415 CROSSWAYS PARK DRIVE
WOODBURY NY 11797**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
MACCARRONE, HARRY** ☐ Delete
**415 CROSSWAYS PARK DRIVE
WOODBURY NY 11797**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAS
ANNICELLI, LINDA** ☐ Delete
**415 CROSSWAYS PARK DRIVE
WOODBURY NY 11797**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MADDEN, MICHAEL** ☒ Delete
**415 CROSSWAYS PARK DRIVE
WOODBURY NY 11797**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: _____

Robert F. Ende, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/01 (516) 437-3300

CR2E034 (10/00)

Gordon Robinett 415 Crossways Park Drive, Woodbury, NY 11797