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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 843845 (9)

1. Corporation Name
VOLT INFORMATION SCIENCES, INC.

Mailing Address
~~1133 AVENUE OF THE AMERICAS, 24TH FLOOR~~
~~NEW YORK, NY 10036~~

Principal Place of Business
~~1133 AVENUE OF THE AMERICAS, 24TH FLOOR~~
~~NEW YORK NY 10036~~

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address	2a. Principal Place of Business	3. Date Incorporated or Qualified	3a. Date of Last Report
1 1221 AVENUE OF THE AMERICAS	26 1221 AVENUE OF THE AMERICAS	08/03/1979	05/01/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For ☐
2 47 FLOOR	27 47 FLOOR	13-5658129	Not Applicable ☐
City & State	City & State	5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution ☐
3 NEW YORK N.Y.	28 NEW YORK, N.Y.	$8.75 Additional Fee Required ☐	
Zip / County	Zip / Country	7. Nonprofit Exempt from $138.75 Supplemental Fee ☐	$5.00 May Be Added to Fees
4 10020 25	29 10020 30	8. This corporation has liability for intangible tax under Ch. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	V	11 TITLE	
12 NAME	EGAN, JACK	12 NAME	
13 STREET ADDRESS	42 PENGILLY DRIVE	13 STREET ADDRESS	
14 CITY-ST-ZIP	NEW ROCHELLE NY	14 CITY-ST-ZIP	
21 TITLE	A/T	21 TITLE	V/D
22 NAME	GUARINO, LUDWIG	22 NAME	GROBERG, JAMES J.
23 STREET ADDRESS	12 VIEW ST	23 STREET ADDRESS	1725 YORK AVE. APT. 33B
24 CITY-ST-ZIP	PLEASENTVILLE NY	24 CITY-ST-ZIP	NEW YORK, N.Y. 10128
31 TITLE	T/D	31 TITLE	TREASURER
32 NAME	GROBERG, JAMES J.	32 NAME	GUARINO, LUDWIG M.
33 STREET ADDRESS	1725 YORK AVE APT 33B	33 STREET ADDRESS	12 VIEW STREET
34 CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	PLEASANTVILLE, N.Y. 10570
41 TITLE	P/D	41 TITLE	
42 NAME	SHAW, WILLIAM	42 NAME	
43 STREET ADDRESS	237 FERNDALE RD	43 STREET ADDRESS	
44 CITY-ST-ZIP	SCARSDALE, N Y 0	44 CITY-ST-ZIP	
51 TITLE	V/S/D	51 TITLE	
52 NAME	SHAW, JEROME	52 NAME	
53 STREET ADDRESS	7245 RUE DE ROARK	53 STREET ADDRESS	
54 CITY-ST-ZIP	LA JOLLA, CA 0	54 CITY-ST-ZIP	
61 TITLE	V/D	61 TITLE	
62 NAME	ROBINS, IRWIN B	62 NAME	
63 STREET ADDRESS	177 E 77TH ST	63 STREET ADDRESS	
64 CITY-ST-ZIP	NEW YORK, N Y 0	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning the annual property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ JACK EGAN VICE PRESIDENT 4-27-95 212-704-7970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #