FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am Secretary of State DOCUMENT # **843845** VOLT INFORMATION SCIENCES, INC. 05-10-2001 90093 013 ***150.00 Principal Place of Business Mailing Address 560 LEXINGTON AVENUE 560 LEXINGTON AVENUE NEW YORK NY 10022 NEW YORK NY 10022 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 13-5658129 Applied For Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** City Zio Code F 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 [] Change Addition TITLE ☐ Delete TITLE EGAN, JACK NAME NAME STREET ADDRESS **42 PENGILLY DRIVE** STREET ADDRESS **NEW ROCHELLE NY** CITY-ST-ZIP CITY-ST-ZIP VD TITLE ☐ Delete TITLE **反** Change Addition GROBERG, JAMES J NAME NAME 80 BAY STREET LANDING, APT 8M STREET ADDRESS STREET ADDRESS 200 EAST 66TH STREET-APT.B604 CITY-ST-ZIP STATEN ISLAND NY 10301 CITY-ST-ZIP NEW YORK, NY 10022 TITLE ☐ Delete TET: F ☐ Chance Addition GUARINO, LUDWIG M NAME NAME 12 VIEW STREET STREET ADDRESS STREET ADORESS CITY-ST-ZIP PLEASANTVILLE NY 10570 CITY-ST-7IP PD TITLE ☐ Delete TITLE ☐ Chance Addition SHAW, WILLIAM NAME NAME 237 FERNDALE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SCARSDALE NY CITY-ST-ZIP VSD TITLE ☐ Defete ☐ Change Addition SHAW, JEROME NAME MAMS 7245 RUE DE ROARK STREET ADDRESS STREET AGDRESS LA JOLLA CA CITY-ST-ZIP CITY-ST-ZIP 300.6 ☐ Delete TITLE Change Addition ROBINS, IRWIN B NAME NAME 177 E 77TH ST STREET ADDRESS STREET ADDRESS CITY-SS-7IP **NEW YORK NY** CITY-ST-7IP

JACK EGAN-VICE PRESIDENT 4/27/01 212-704-2400 SIGNATURE: SIGNATUHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 supplier ental 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.