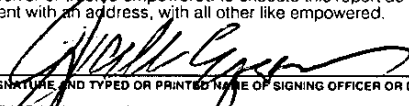


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90022 004 ***150.00

DOCUMENT # 843845 1. Entity Name VOLT INFORMATION SCIENCES, INC.					
Principal Place of Business 560 LEXINGTON AVENUE NEW YORK, NY 10022 US			Mailing Address 560 LEXINGTON AVENUE NEW YORK, NY 10022 US		
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 13-5658129	
5. Certificate of Status Desired ☐				Applied For ☐ \$8.75 Additional Fee Required Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EGAN, JACK 42 PENGILLY DRIVE NEW ROCHELLE, NY	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GROBERG, JAMES J 200 E 66TH STREET APT B604 NEW YORK, NY 10022	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUARINO, LUDWIG M 12 VIEW STREET PLEASANTVILLE, NY 10570	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW, WILLIAM 237 FERNDAL RD SCARSDALE, NY	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHAW, JEROME 7245 RUE DE ROARK LA JOLLA, CA	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS WEINREICH, HOWARD B 560 LEXINGTON AVE NEW YORK, NY 10022	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ☒ Change ☐ Addition				
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  JACK EGAN, V.P. MAR. 25, 2005 212-704-2400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					