

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90430 019 ***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		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAW, STEVEN 560 LEXINGTON AVE NEW YORK, NY 10022 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition	
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	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Delete SHAW, WILLIAM 237 FERNDAL RD SCARSDALE, NY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT ☐ Change ☒ Addition DANIEL FISCHBERG 560 LEXINGTON AVENUE NEW YORK, N.Y. 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ☐ Delete SHAW, JEROME 7245 RUE DE ROARK LA JOLLA, CA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS ☐ Delete WEINREICH, HOWARD B 560 LEXINGTON AVE NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Daniel Fischberg</u>			DANIEL FISCHBERG 4-27-06 212-704-2400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40080373



04272006 Chg-P CR2E034 (11/05)

4. FEI Number 13-5658129 Applied For Not Applicable

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