

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90039 046 ***158.75

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202007

Chg-P

CR2E034 (12/06)

4. FEI Number

13-5658129

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	EGAN, JACK	
STREET ADDRESS	42 PENGILLY DRIVE	
CITY - ST - ZIP	NEW ROCHELLE, NY	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHAW, STEVEN	
STREET ADDRESS	560 LEXINGTON AVE	
CITY - ST - ZIP	NEW YORK, NY 10022	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUARINO, LUDWIG M	
STREET ADDRESS	12 VIEW STREET	
CITY - ST - ZIP	PLEASANTVILLE, NY 10570	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	FISCHNER, DANIEL	
STREET ADDRESS	560 LEXINGTON AVE	
CITY - ST - ZIP	NEW YORK, NY 10022	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SHAW, JEROME	
STREET ADDRESS	7245 RUE DE ROARK	
CITY - ST - ZIP	LA JOLLA, CA	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	WEINREICH, HOWARD B	
STREET ADDRESS	560 LEXINGTON AVE	
CITY - ST - ZIP	NEW YORK, NY 10022	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL FISCHBERG	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL FISCHBERG

4-27-07

Date

212-704-2400

Daytime Phone #