## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 843845**

Title:

Name:

Address:

City-St-Zip:

VAS

( ) Delete

WEINREICH, HOWARD B

560 LEXINGTON AVE

NEW YORK, NY 10022

Entity Name: VOLT INFORMATION SCIENCES, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
560 LEXINGTON AVENUE NEW YORK, NY 10022 US			1600 STEWART AVENUE WESTBURY, NY 11590 US			
Current Mailing Address:				New Mailing Address:		
560 LEXINGTON AVENUE NEW YORK, NY 10022 US			1600 STEWART AVENUE WESTBURY, NY 11590 US			
FEI Number: 13-5658129 FEI Number Applied For ( ) FEI Number					icable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US						
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:						
						 Date
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V () E EGAN, JACK 42 PENGILLY DR NEW ROCHELLE			Title: Name: Address: City-St-Zip:	V (X) ( EGAN, JACK 42 PENGILLY DI NEW ROCHELLE	
Title: Name: Address: City-St-Zip:	PD () E SHAW, STEVEN 560 LEXINGTON NEW YORK, NY			Title: Name: Address: City-St-Zip:	PD (X) 0 SHAW, STEVEN 1600 STEWART WESTBURY, NY	AVENUE
Title: Name: Address: City-St-Zip:	VT () E GUARINO, LUDW 12 VIEW STREE PLEASANTVILLE	Т		Title: Name: Address: City-St-Zip:	()(	Change ()Addition
Title: Name: Address: City-St-Zip:	VPAT () E FISCHBERG, DA 560 LEXINGTON NEW YORK, NY	AVE		Title: Name: Address: City-St-Zip:	VPAT (X) OF FISCHBERG, DA 1600 STEWART WESTBURY, NY	AVENUE
Title: Name: Address: City-St-Zip:	VS () E SHAW, JEROME 7245 RUE DE RO LA JOLLA, CA			Title: Name: Address: City-St-Zip:	VS (X) (SHAW, JEROME 7245 RUE DE RO LA JOLLA, CA 9	DARK

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

VAS

WEINREICH, HOWARD B

1600 STEWART AVENUE

WESTBURY, NY 11590

(X) Change ( ) Addition

SIGNATURE: DANIEL FISCHBERG VP 04/22/2009