

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005837 (0)

1. Corporation Name

VOLT MANAGEMENT CORP.



Principal Place of Business

% VOLT INFORMATION SCIENCES
1221 AVE OF THE AMERICAS, 47 FLOOR
NEW YORK NY 10020

Mailing Address

% VOLT INFORMATION SCIENCES
1221 AVE OF THE AMERICAS, 47 FLOOR
NEW YORK NY 10020

3. Date Incorporated or Qualified
12/23/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SHAW, WILLIAM
STREET ADDRESS 237 FERNDAL RD.
CITY-ST-ZIP SCARSDALE NY 10583

DELETE

TITLE V
NAME SHAW, JEROME
STREET ADDRESS 7245 RUE DE ROARKE
CITY-ST-ZIP LA JOLLA CA 92037

DELETE

TITLE VD
NAME GROBERG, JAMES J
STREET ADDRESS 1725 YORK AVE.
CITY-ST-ZIP NEW YORK NY 10128

DELETE

TITLE VAT
NAME EGAN, JACK
STREET ADDRESS 42 PENGILLY DR.
CITY-ST-ZIP NEW ROCHELLE NY 10804

DELETE

TITLE VSD
NAME WEINREICH, HOWARD B
STREET ADDRESS SPRING VALLEY RD.
CITY-ST-ZIP HARDING TOWNSHIP NJ 07960

DELETE

TITLE T
NAME GUARINO, LUDWIG M
STREET ADDRESS 12 VIEW ST.
CITY-ST-ZIP PLEASANTVILLE NY 10570

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with a T address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK EGAN

4/29/96 (212) 704-2400

Date

Daytime Phone #

CR2E034 (12/95)