

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 10020-1001



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1993	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3568039	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81	Name	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83		FL	

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	V
NAME	SHAW, WILLIAM	1.2 NAME	FISCHBERG, DANIEL
STREET ADDRESS	237 FERNDAL RD.	1.3 STREET ADDRESS	7 STANDISH PLACE
CITY-ST-ZIP	SCARSDALE NY 10583	1.4 CITY-ST-ZIP	HARTSDALE, N.Y. 10530
TITLE	V	2.1 TITLE	
NAME	SHAW, JEROME	2.2 NAME	
STREET ADDRESS	7245 RUE DE ROARKE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LA JOLLA CA 92037	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	GROBERG, JAMES J	3.2 NAME	
STREET ADDRESS	1725 YORK AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10128	3.4 CITY-ST-ZIP	
TITLE	VAT	4.1 TITLE	
NAME	EGAN, JACK	4.2 NAME	
STREET ADDRESS	42 PENGILLY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ROCHELLE NY 10804	4.4 CITY-ST-ZIP	
TITLE	VSD	5.1 TITLE	
NAME	WEINREICH, HOWARD B	5.2 NAME	
STREET ADDRESS	SPRING VALLEY RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HARDING TOWNSHIP NJ 07960	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	GUARINO, LUDWIG M	6.2 NAME	
STREET ADDRESS	12 VIEW ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLEASANTVILLE NY 10570	6.4 CITY-ST-ZIP	

14. I do 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 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 assignee 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 on an attachment with an address.

SIGNATURE: *Daniel Fischberg* VF DANIEL FISCHBERG 4/29/97 (212) 704-2400

CR2E034 (9/96)