

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90171 044 ***150.00

DOCUMENT # F93000005837

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1993

4. FEI Number

13-3568039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE VD ☐ DELETE
NAME GROBERG, JAMES J
STREET ADDRESS 80 BAY STREET LANDING APT 8M
CITY-ST-ZIP STATEN ISLAND NY 10301

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

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

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

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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jack Egan - Vice President 4/26/99 (212) 704-2400

CR2E034 (1/198)