

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90101 014 ***150.00

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DOCUMENT # F93000005837

1. Entity Name

VOLT MANAGEMENT CORP.



Principal Place of Business

**560 LEXINGTON AVE
16TH FLOOR
NEW YORK NY 10022**

Mailing Address

**560 LEXINGTON AVE
16TH FLOOR
NEW YORK NY 10022**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3568039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHAW, WILLIAM	
STREET ADDRESS	237 FERNDAL RD.	
CITY-ST-ZIP	SCARSDALE NY 10583	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHAW, JEROME	
STREET ADDRESS	7245 RUE DE ROARKE	
CITY-ST-ZIP	LA JOLLA CA 92037	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GROBERG, JAMES J	
STREET ADDRESS	200 EAST 66TH STREET, APT B604	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VAT	<input type="checkbox"/> Delete
NAME	EGAN, JACK	
STREET ADDRESS	42 PENGILLY DR.	
CITY-ST-ZIP	NEW ROCHELLE NY 10804	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WEINREICH, HOWARD B	
STREET ADDRESS	ONE SECOND STREET, APT 1912	
CITY-ST-ZIP	JERSEY CITY NJ 07302	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUARINO, LUDWIG M	
STREET ADDRESS	12 VIEW ST.	
CITY-ST-ZIP	PLEASANTVILLE NY 10570	

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	<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	<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 exemption stated in Section 119.07(3)(i), 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

JACK EGAN
VICE PRESIDENT

4-25-03

213-704-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)