

512-97 B-6942 C
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
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DOCUMENT # F93000005838 (8)

1. Corporation Name
VOLT VIEWTECH, INC.

Principal Place of Business
% VOLT INFORMATION SCIENCES, INC.
1221 AVE. OF THE AMERICAS, 47 FLOOR
NEW YORK NY 10020

Mailing Address
% VOLT INFORMATION SCIENCES, INC.
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 13-3745688		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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 type if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAIN, JAMES S	1.2 NAME	
STREET ADDRESS	2401 NORTH GLASSELL	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLIHAN, DANIEL	2.2 NAME	
STREET ADDRESS	246 EUCLID AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HACKENSACK NJ	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUS, NORMA	3.2 NAME	
STREET ADDRESS	125 96TH STREET, APT. 5D	3.3 STREET ADDRESS	356 Prospect Street
CITY-ST-ZIP	BROOKLYN NY	3.4 CITY-ST-ZIP	South Orange, NJ 07079
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, JACK	4.2 NAME	
STREET ADDRESS	42 PENGILLY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ROCHELLE NY	4.4 CITY-ST-ZIP	
TITLE	TSD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUARINO, LUDWIG M	5.2 NAME	
STREET ADDRESS	12 VIEW ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLEASANTVILLE NY	5.4 CITY-ST-ZIP	
TITLE	VAT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHBERG, DANIEL	6.2 NAME	
STREET ADDRESS	7 STANDISH PL.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HARTSDALE NY 10530	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 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.

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

CR2E034 (9/96)