

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

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May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1993	
21		26		4. FEI Number 13-3745688	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country		29 Country			

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 _____ (NOTE: Registered Agent 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUS, NORMA	3.2 NAME	
STREET ADDRESS	356 PROSPECT STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH ORANGE NJ	3.4 CITY-ST-ZIP	
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 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: Jack Egan-Vice President 4/27/98 (212) 704-2400

CR25034 (10/97)