

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005838

1. Entity 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

2. Principal Place of Business

c/o Volt Information
Sciences, Inc.

Suite, Apt. #, etc.

560 Lexington Avenue

City & State

New York, NY

Zip
10022

3. Mailing Address

c/o Volt Information
Sciences, Inc.

Suite, Apt. #, etc.

560 Lexington Avenue

City & State

New York, NY

Zip
10022

Country
USA

4. FEI Number

13-3745688

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCALIN, JAMES S 2401 NORTH GLASSELL ORANGE CA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALLIHAN, DANIEL 246 EUCLID AVENUE HACKENSACK NJ	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRAUS, NORMA 356 PROSPECT STREET SOUTH ORANGE NJ	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EGAN, JACK 42 PENGILLY DR. NEW ROCHELLE NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD GUARINO, LUDWIG M 12 VIEW ST. PLEASANTVILLE NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT FISCHBERG, DANIEL 7 STANDISH PL. HARTSDALE NY 10530	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jack Egan-Vice President

4/27/01 (212) 704-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #