

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90271 050 ***150.00

DOCUMENT # F93000005838

1. Entity Name
VOLT VIEWTECH, INC.



Principal Place of Business
**% VOLT INFORMATION SCIENCES, INC.
560 LEXINGTON AVENUE
NEW YORK, NY 10022**

Mailing Address
**% VOLT INFORMATION SCIENCES, INC.
560 LEXINGTON AVENUE
NEW YORK, NY 10022**

DO NOT WRITE IN THIS SPACE



04162004 No Chg-P CR2E034 (10/03)

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCLAIN, JAMES S
STREET ADDRESS 2401 NORTH GLASSELL
CITY-ST-ZIP ORANGE, CA

TITLE VD
NAME HALLIHAN, DANIEL
STREET ADDRESS 246 EUCLID AVENUE
CITY-ST-ZIP HACKENSACK, NJ

TITLE V
NAME KRAUS, NORMA
STREET ADDRESS 356 PROSPECT STREET
CITY-ST-ZIP SOUTH ORANGE, NJ

TITLE VD
NAME EGAN, JACK
STREET ADDRESS 42 PENGILLY DR.
CITY-ST-ZIP NEW ROCHELLE, NY

TITLE TSD
NAME GUARINO, LUDWIG M
STREET ADDRESS 12 VIEW ST.
CITY-ST-ZIP PLEASANTVILLE, NY

TITLE VAT
NAME FISCHBERG, DANIEL
STREET ADDRESS 7 STANDISH PL.
CITY-ST-ZIP HARTSDALE, NY 10530

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JACK EGAN
VICE PRESIDENT**

4-22-04 212-704-2400
Date Daytime Phone #