


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3745688	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLAIN, JAMES S 2401 NORTH GLASSELL ORANGE, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALLIHAN, DANIEL 246 EUCLID AVENUE HACKENSACK, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRAUS, NORMA 356 PROSPECT STREET SOUTH ORANGE, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EGAN, JACK 42 PENGILLY DR. NEW ROCHELLE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD GUARINO, LUDWIG M 12 VIEW ST. PLEASANTVILLE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT FISCHBERG, DANIEL 7 STANDISH PL. HARTSDALE, NY 10530

U00000284170
04/01/05-80057-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	JACK EGAN, V.P. MARCH 25, 2005 212-704-2400
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>