

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90093 010 ***150.00

DOCUMENT # F99000000137
Entity Name
VOLT TELECOMMUNICATIONS GROUP, INC.

Principal Place of Business		Mailing Address	
560 Lexington Avenue Suite, Apt. #, etc.		560 Lexington Avenue Suite, Apt. #, etc.	
16th Floor City & State		16th Floor City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10022	USA	10022	USA

A0081791

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New 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: _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Braunlich William E.		NAME		
STREET ADDRESS	560 Lexington Avenue		STREET ADDRESS		
CITY-ST-ZIP	New York, NY 10022		CITY-ST-ZIP		
TITLE	VAT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Egan, Jack		NAME		
STREET ADDRESS	560 Lexington Avenue		STREET ADDRESS		
CITY-ST-ZIP	New York, NY 10022		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Weinreich, Howard B.		NAME		
STREET ADDRESS	560 Lexington Avenue		STREET ADDRESS		
CITY-ST-ZIP	New York, NY 10022		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Groberg, James J.		NAME		
STREET ADDRESS	560 Lexington Avenue		STREET ADDRESS		
CITY-ST-ZIP	New York, NY 10022		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Guarino, Ludwig M.		NAME		
STREET ADDRESS	560 Lexington Avenue		STREET ADDRESS		
CITY-ST-ZIP	New York, NY 10022		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 4/27/00 (212) 704-2400

CR2E034 (9/99)