

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90894 006 ***150.00

DOCUMENT # F99000000137

1. Entity Name
VOLT TELECOMMUNICATIONS GROUP, INC.

Principal Place of Business

**560 LEXINGTON AVE.
 16TH FL.
 NEW YORK NY 10022**

Mailing Address

**560 LEXINGTON AVE.
 16TH FL.
 NEW YORK NY 10022**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **13-4028037**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BRAUNLICH, WILLIAM E	
STREET ADDRESS	560 LEXINGTON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHAW, WILLIAM	
STREET ADDRESS	560 LEXINGTON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	EGAN, JACK	
STREET ADDRESS	560 LEXINGTON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	FISCHBERG, DANIEL	
STREET ADDRESS	560 LEXINGTON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	WEINREICH, HOWARD B	
STREET ADDRESS	560 LEXINGTON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	GUARINO, LUDWIG M	
STREET ADDRESS	560 LEXINGTON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)