

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

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



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

13-4028037

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 SOUTH PINE ISLAND ROAD  
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, 2005 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	BRAUNLICH, WILLIAM E
STREET ADDRESS	560 LEXINGTON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	VP
NAME	SHAW, WILLIAM
STREET ADDRESS	560 LEXINGTON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	VPAT
NAME	EGAN, JACK
STREET ADDRESS	560 LEXINGTON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	VPAT
NAME	FISCHBERG, DANIEL
STREET ADDRESS	560 LEXINGTON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	VPSD
NAME	WEINREICH, HOWARD B
STREET ADDRESS	560 LEXINGTON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	VPT
NAME	GUARINO, LUDWIG M
STREET ADDRESS	560 LEXINGTON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022

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04/01/05-80057-007 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK EGAN, V.P. MAR. 25, 2005 212-704-2400

Date

Daytime Phone #