

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90039 047 \*\*\*158.75

**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**

40095978



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04202007 Chg-P CR2E034 (12/06)

4. FEI Number

**13-4028037**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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. 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, 2007 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	<input type="checkbox"/> Delete
NAME	ADERSON, RUSSELL	
STREET ADDRESS	415 NORTH SMITH AVE.	
CITY-ST-ZIP	CORONA, CA 92880	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHAW, STEVEN	
STREET ADDRESS	560 LEXINGTON AVE.	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL ANDERSON	
STREET ADDRESS	218 HELICOPTER CIRCLE	
CITY-ST-ZIP	CORONA, CA 92880	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**DANIEL FISCHBERG 4-26-07 212-704-2400**

Date

Daytime Phone #