

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06110 (1)  
1. Corporation Name  
VOLT FINANCIAL SERVICES, LTD., INC.

Principal Place of Business  
1221 AVE OF THE AMERICAS  
47 FLOOR  
NEW YORK NY 10020  
US

Mailing Address  
1221 AVE OF THE AMERICAS  
47 FLOOR  
NEW YORK NY 10020-1001  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1985		3a. Date of Last Report 05/01/1996	
21	1221 AVE OF THE AMERICAS 47 FLOOR NEW YORK NY 10020 US	26	1221 AVE OF THE AMERICAS 47 FLOOR NEW YORK NY 10020-1001 US	4. FEI Number 13-3196405		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25. Country		30. Country					

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input type="checkbox"/> DELETE	1.1 TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	SHAW, WILLIAM		1.2 NAME	FISCHBERG, DANIEL	
CITY-ST-ZIP	237 FERNDAL ROAD		1.3 STREET ADDRESS	7 STANDISH PLACE	
	SCARSDALE NY		1.4 CITY-ST-ZIP	HARTSDALE, N.Y. 10530	
TITLE	NAME	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	GROBERG, JAMES J.		2.2 NAME		
CITY-ST-ZIP	1725 YORK AVE. APT 33B		2.3 STREET ADDRESS		
	NEW YORK NY 10128		2.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VSD		3.2 NAME		
CITY-ST-ZIP	ROBINS, IRWIN B.		3.3 STREET ADDRESS		
	177 E 77 ST		3.4 CITY-ST-ZIP		
	NEW YORK NY		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> DELETE	4.2 NAME		
STREET ADDRESS	SHAW, JEROME		4.3 STREET ADDRESS		
CITY-ST-ZIP	7245 RUE DE ROARKE		4.4 CITY-ST-ZIP		
	LA JOLLA CA		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> DELETE	5.2 NAME		
STREET ADDRESS	EGAN, JACK		5.3 STREET ADDRESS		
CITY-ST-ZIP	42 PENGILLY DRIVE		5.4 CITY-ST-ZIP		
	NEW ROCHELLE NY		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> DELETE	6.2 NAME		
STREET ADDRESS	GUARRINO, LUDWIG M.		6.3 STREET ADDRESS		
CITY-ST-ZIP	12 VIEW ST.		6.4 CITY-ST-ZIP		
	PLEASANTVILLE NY 10570				

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel Fischberg VP DANIEL FISCHBERG 4/29/97 (212) 704-2400

CR2E034 (9/96)