

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/20/1985	4. FEI Number 13-3196405 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 FL
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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	CDP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, WILLIAM	1.2 NAME	
STREET ADDRESS	237 FERNDAL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SCARSDALE NY	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROBERG, JAMES J.	2.2 NAME	
STREET ADDRESS	1725 YORK AVE. APT 33B	2.3 STREET ADDRESS	80 Bay Street Landing, Apt. 8M
CITY-ST-ZIP	NEW YORK NY 10128	2.4 CITY-ST-ZIP	Staten Island, NY 10301
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINS, IRWIN B.	3.2 NAME	
STREET ADDRESS	177 E 77 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, JEROME	4.2 NAME	
STREET ADDRESS	7245 RUE DE ROARKE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LA JOLLA CA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, JACK	5.2 NAME	
STREET ADDRESS	42 PENGILLY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ROCHELLE NY	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUARRINO, LUDWIG M.	6.2 NAME	
STREET ADDRESS	12 VIEW ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLEASANTVILLE NY 10570	6.4 CITY-ST-ZIP	

14. 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 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 _____ Vice President 4/27/98

CR2E034 (10/97)