

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90171 045 ***150.00

DOCUMENT # P06110

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1985

4. FEI Number

13-3196405

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	SHAW, WILLIAM	
STREET ADDRESS	237 FERNDAL ROAD	
CITY-ST-ZIP	SCARSDALE NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GROBERG, JAMES J.	
STREET ADDRESS	80 BAY STREET LANDING, APT 8M	
CITY-ST-ZIP	STATEN ISLAND NY 10301	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ROBINS, IRWIN B.	
STREET ADDRESS	177 E 77 ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHAW, JEROME	
STREET ADDRESS	7245 RUE DE ROARKE	
CITY-ST-ZIP	LA JOLLA CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EGAN, JACK	
STREET ADDRESS	42 PENGILLY DRIVE	
CITY-ST-ZIP	NEW ROCHELLE NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GUARRINO, LUDWIG M.	
STREET ADDRESS	12 VIEW ST.	
CITY-ST-ZIP	PLEASANTVILLE NY 10570	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

Jack Egan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/99

Daytime Phone #

(212) 704-2400

CR2E034 (11/98)