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CORPORATION
ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

VOLT REALTY CORP.

DOCUMENT # P94000048614

DO NOT WRITE IN THIS SPACE

Mailing Address

% VOLT INFORMATION SCIENCES, INC.
~~1133 AVE OF THE AMERICAS, 24TH FL~~
~~NEW YORK NY 10036~~

Principal Place of Business

% VOLT INFORMATION SCIENCES, INC.
~~1133 AVE OF THE AMERICAS, 24TH FL~~
~~NEW YORK NY 10036~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business	3. Date Incorporated or Qualified	3a. Date of Last Report
21 1221 AVE of THE AMERICAS	26 1221 AVE of THE AMERICAS	06/29/1994	

Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☒ Applied For ☐ Not Applicable
22 47 Floor	27 47 Floor		

City & State	City & State	5. Certificate of Status Desired $8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐
23 NEW York, N.Y.	28 NEW York N.Y.	7. Nonprofit Exempt from $138.75 Supplemental Fee ☐	$5.00 May Be Added to Fees

Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No
24 10020	25	29 10020	30	

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	C/D/P	1.1 TITLE	
1.2 NAME	SHAW, WILLIAM	1.2 NAME	
1.3 STREET ADDRESS	237 FERNDALE ROAD	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	SCARSDALE NY	1.4 CITY-ST-ZIP	
2.1 TITLE	VTD	2.1 TITLE	
2.2 NAME	GROBERG, JAMES J.	2.2 NAME	
2.3 STREET ADDRESS	1725 YORK AVE. APT 33B	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
3.1 TITLE	V	3.1 TITLE	
3.2 NAME	ROBINS, IRWIN B.	3.2 NAME	
3.3 STREET ADDRESS	177 E 77 ST	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
4.1 TITLE	V	4.1 TITLE	
4.2 NAME	SHAW, JEROME	4.2 NAME	
4.3 STREET ADDRESS	7245 RUE DE ROARKE	4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	LA JOLLA CA	4.4 CITY-ST-ZIP	
5.1 TITLE	V	5.1 TITLE	
5.2 NAME	EGAN, JACK	5.2 NAME	
5.3 STREET ADDRESS	42 PENGILLY DRIVE	5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	NEW ROCHELLE NY	5.4 CITY-ST-ZIP	
6.1 TITLE	T	6.1 TITLE	
6.2 NAME	GUARINO, LUDWIG	6.2 NAME	
6.3 STREET ADDRESS	12 VIEW ST.	6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	PLEASANTVILLE NY	6.4 CITY-ST-ZIP	5-1-95 4.y

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ JACK EGAN VICE PRESIDENT 4-27-95 212-704-7970
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)