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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

DOCUMENT # P94000048614 (9)

1. Corporation Name:

VOLT REALTY CORP.



Principal Place of Business

Mailing Address

%VOLT INFORMATION SCIENCES, INC.  
1221 AVE OF THE AMERICAS, 47 FLOOR  
NEW YORK NY 10020

%VOLT INFORMATION SCIENCES, INC.  
1221 AVE OF THE AMERICAS, 47 FLOOR  
NEW YORK NY 10020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

06/29/1994

4. FEI Number

13-3849418

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 new registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CDP ☐ DELETE  
NAME SHAW, WILLIAM  
STREET ADDRESS 238 FERNDAL ROAD  
CITY-ST-ZIP SCARSDALE NY

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME GROBERG, JAMES J  
STREET ADDRESS 1725 YORK AVE. APT. 33B  
CITY-ST-ZIP NEW YORK NY

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 80 Bay Street Landing, Apt. 8M  
2.4 CITY-ST-ZIP Staten Island, NY 10301

TITLE V ☐ DELETE  
NAME ROBINS, IRWIN B  
STREET ADDRESS 177 E 77 ST  
CITY-ST-ZIP NEW YORK NY

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME SHAW, JEROME  
STREET ADDRESS 7425 RUE DE ROARKE  
CITY-ST-ZIP LAJOLLA CA

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME EGAN, JACK  
STREET ADDRESS 42 PENGILLY DRIVE  
CITY-ST-ZIP NEW ROCHELLE NY

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME QUARINO, LUDWIG  
STREET ADDRESS 12 VIEW ST.  
CITY-ST-ZIP PLEASANTVILLE NY

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE

*[Signature]*

Jack Rean - Vice President

4/27/98

(212) 704-2400

CR2E034 (10/97)