


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

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

05-05-1999 90171 043 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P94000048614

1. Corporation Name
VOLT REALTY CORP.



| | |
|---|---|
| Principal Place of Business %VOLT INFORMATION SCIENCES, INC. 1221 AVE OF THE AMERICAS, 47 FLOOR NEW YORK NY 10020 | Mailing Address %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 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 06/29/1994 | |
| 4. FEI Number 13-3849418 | | Applied For <input type="checkbox"/> 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 | | 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | CDP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHAW, WILLIAM | 1.2 NAME | |
| STREET ADDRESS | 236 FERNDAL ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SCARSDALE NY | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GROBERG, JAMES J | 2.2 NAME | |
| STREET ADDRESS | 80 BAY STREET LANDING, APT 8M | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | STATEN ISLAND NY 10301 | 2.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 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 | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHAW, JEROME | 4.2 NAME | |
| STREET ADDRESS | 7425 RUE DE ROARKE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAJOLLA CA | 4.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 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 | T <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUARINO, LUDWIG | 6.2 NAME | |
| STREET ADDRESS | 12 VIEW ST. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLEASANTVILLE NY | 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Egan - Vice President

4/26/99

(212) 704-2400

Date

Daytime Phone #

CR2E034 (1/1/98)