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

PROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

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Secretary of State

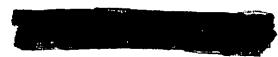
**DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000048614

VOLT REALTY CORP.

## FILED May 30, 2000 8:00 am Secretary of State

05-30-2000 90093 008 \*\*\*150.00



Principal	incipal Place of Business Mailing Address									
SVOLT INFORMATION SCIENCES, INC. SVOLT INFORMATION SCI				INC.						
1221 AVE OF THE AMERICAS, 47 FLOOR 1221 AVE OF THE AME					₹	1				
MEW TOH	K NY 10020	NEW YORK NY 10020	W YORK NY 10020			DO NOT WRITE IN THIS SPACE				
						3. Date incorpor			_	
2. Princio	oal Place of Business	2a. Mailing Address	_			06/29/1994				
	LOLT INFORMATION SCIENCE	22. Mailing Address			Cm. Sm m.	4. FEI Number	_			Applied For
Suite,	Apt. #, etc.	Suite, Apt. #, etc.	<u> Hello</u>	ב ענ	CIENCES	13-384941	<u> </u>			Not Applicable
2 560 LEXINGTON AVENUE 27 560 LEXIN			ICTON AVENUE			5. Certificate of S	tatus Desired		•	5 Additional
City &	State	City & State	1020	<u> </u>	CHME	6 61 46 - 6				Required
3 NE	W York N.Y.	28 NEW YORK N.Y.			6. Election Camp				00 May Be ed to Fees	
Zip	Country	Zip Country			8. This corporation		ent war la		o to rees	
4 10	022 25	29 10022	30			Personal Prope		en year in	☐ Yes	No
	9. Name and Address of Current I	Registered Agent				10. Name and Ad		legistered	Agent	
C	T CORPORATION SYSTEM			81	Name					
1200 S. PINE ISLAND RD.				82	Street Address (P.O. Box Number is Not Acceptable)				·	
	LANTATION FL 33324	•	. Saus Addres				_	ole)		
•			- 1	83						
			ł	84 (	City				[0e] 7:	Code
4 D					•			FL		p Code
office o	ant to the provisions of Sections 607.0502 a or registered agent, or both, in the State of t am familiar with, and accept the obligation	nd 607.1508, Florida Statutes Torida, Such change was aut	the ab	by the	arried corpora	ation submits this sta	tement for the p	surpose of	changing i	ts registered
agent.	am familiar with, and accept the obligation	s of, Section 607.0505, Florid	la Statu	tes.	· corporation	a board or directors.	петеру ассерт	tne appoir	ment as	registered
IGNATUR	Signature, typed or printed name of registered agent and		_					•		. }
<b>2.</b>	OFFICERS AND D		_	Agent sig	nature required wi			DATE		
	CDP	☐ DELETE	13.	£ .		ADDITIONS/CHA	NGES TO OFF	CERS AN	-	
ME	SHAW, WILLIAM		1.2 NAM						☐ Change	☐ Addition (
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Y-ST-ZIP	SCARSDALE NY		4	-ST-ZIP	i i		,			ſ
LE	VD	☐ DELETE	21 TITLE			1	<del>~~~</del> ,		Change	Addition
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REET ADDRES		TOCET I ANDING ACT ON		EET ADD	RESS					İ
Y-ST-ZIP	STATEN ISLAND NY 10301		2.4 CITY							İ
£	\ V	DELETE	3.1 TTLE						Change	Addition
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-ST-ZIP	NEW YORK NY		3.4. CITY-	ST-ZIP	1					
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Œ'	SHAW, JEROME		4.2 NAME	<u> </u>	- 1		•	`		
EET ADDRESS			4.3 STREE	ET ADDR	ESS					ŀ
-ST-ZIP	LAJOLLA CA		4.4 CITY- S	\$7-ZIP						}
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E	EGAN, JACK	j	5.2 NAME		ļ			_		J
ET ADDRESS		`	5.3 STREE	TADOR	ESS					
ST-ZIP	NEW ROCHELLE NY		5.4 CITY-S	ST-23P					•	
	T	☐ DELETE	6.1 TITLE					Γ	Change	Addition
	GUARINO, LUDWIG		6.2 NAME		[			-		_
ET ADDRESS		·	6.3 STREET	TADORE	:ss					1
<u>ST</u> ZIP	PLEASANTIVILLE NY		6.4 CITY-S1	T-27P						

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 peport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficiency of the corporation or the receiver or sustee 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 no address, with all other like empowered.

**IGNATURE:** 

Jack Egan-Vice President 4/26/00 (212) 704-240