


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90430 021 \*\*\*150.00

<b>DOCUMENT # P94000048614</b> 1. Entity Name <b>VOLT REALTY CORP.</b>					
Principal Place of Business <b>%VOLT INFORMATION SCIENCES, INC. 560 LEXINGTON AVENUE NEW YORK, NY 10022</b>			Mailing Address <b>%VOLT INFORMATION SCIENCES, INC. 560 LEXINGTON AVENUE NEW YORK, NY 10022</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>13-3849418</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CDP	<input checked="" type="checkbox"/> Delete	TITLE	<b>PD STEVEN SHAW</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>SHAW, WILLIAM</b>		NAME	<b>560 LEXINGTON AVENUE</b>	
STREET ADDRESS	<b>237 FERNDAL ROAD</b>		STREET ADDRESS	<b>NEW YORK, N.Y. 10022</b>	
CITY-ST-ZIP	<b>SCARSDALE, NY</b>		CITY-ST-ZIP	<b>NEW YORK, N.Y. 10022</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<b>VPAT DANIEL FISCHBERG</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>GROBERG, JAMES J</b>		NAME	<b>560 LEXINGTON AVENUE</b>	
STREET ADDRESS	<b>200 EAST 66TH STREET APT. B604</b>		STREET ADDRESS	<b>NEW YORK, N.Y. 10022</b>	
CITY-ST-ZIP	<b>NEW YORK, NY 10022</b>		CITY-ST-ZIP	<b>NEW YORK, N.Y. 10022</b>	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEINREICH, HOWARD B</b>		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>560 LEXINGTON AVENUE</b>		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<b>NEW YORK, NY 10022</b>		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHAW, JEROME</b>		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>7425 RUE DE ROARKE</b>		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<b>LAJOLLA, CA</b>		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EGAN, JACK</b>		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>42 PENGILLY DRIVE</b>		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<b>NEW ROCHELLE, NY</b>		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GUARINO, LUDWIG</b>		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>12 VIEW ST.</b>		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<b>PLEASANTVILLE, NY</b>		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <i>Daniel Fischberg</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>DANIEL FISCHBERG</b> <b>4-27-06</b> <b>212-704-2400</b> <small>Date Daytime Phone #</small>		

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