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PROFIT CORPORATION ANNUAL REPORT 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000000704

1. Corporation Name
VOLT ROAD BORING CORP.

[redacted]

Principal Place of Business
1221 AVENUE OF THE AMERICAS
NEW YORK NY 10020

Mailing Address
1221 AVENUE OF THE AMERICAS
NEW YORK NY 10020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: c/o VOLT INFORMATION SCIENCES
Suite, Apt. #, etc.: 560 LEXINGTON AVENUE
City & State: NEW YORK N.Y.
Zip: 10022 Country: 25

2a. Mailing Address: 26 c/o VOLT INFORMATION SCIENCES
Suite, Apt. #, etc.: 27 560 LEXINGTON AVENUE
City & State: 28 NEW YORK N.Y.
Zip: 29 10022 Country: 30

3. Date Incorporated or Qualified: 01/05/1998
4. FEI Number: 13-3984267 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH 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, 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
P BRAUNLICH, WILLIAM 1221 AVE. OF THE AMERICAS NEW YORK, NY 10020	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP — ☒ Change ☐ Addition 560 LEXINGTON AVENUE NEW YORK, NY 10022
V EGAN, JACK 1221 AVE. OF THE AMERICAS NEW YORK, NY 10020	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP — ☒ Change ☐ Addition 560 LEXINGTON AVENUE NEW York, NY 10022
T GUARINO, LUDWIG 1221 AVE. OF THE AMERICAS NEW YORK, NY 10020	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP — ☒ Change ☐ Addition 560 LEXINGTON AVENUE NEW YORK, NY 10022
S D UMANSKY, Ralph 1221 AVE. OF THE AMERICAS NEW YORK, NY 10020	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP — ☒ Change ☐ Addition 560 LEXINGTON AVENUE NEW YORK NY 10022
	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP — ☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP — ☐ Change ☐ Addition

CR2E034 (11/98)

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] Vice President 4/26/00 (212) 704-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR