

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90039 044 ***150.00

DOCUMENT # P98000000704



1. Entity Name
VOLT ROAD BORING CORP.

Principal Place of Business
**C/O VOLT INFORMATION SCIENCES
560 LEXINGTON AVE
NEW YORK, NY 10022**

Mailing Address
**C/O VOLT INFORMATION SCIENCES
560 LEXINGTON AVE
NEW YORK, NY 10022**

40095981



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202007 Chg-P CR2E034 (12/06)

4. FEI Number
13-3984267

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ADERSON, RUSSELL**
STREET ADDRESS **415 NORTH SMITH AVE**
CITY-ST-ZIP **CORONA, CA 92880**

TITLE **V** ☐ Delete
NAME **EGAN, JACK**
STREET ADDRESS **560 LEXINGTON AVENUE**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **T** ☐ Delete
NAME **GUARINO, LUDWIG**
STREET ADDRESS **560 LEXINGTON AVENUE**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **SD** ☐ Delete
NAME **UMANSKY, RALPH**
STREET ADDRESS **560 LEXINGTON AVENUE**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **VPAT** ☐ Delete
NAME **FISCHBERG, DANIEL**
STREET ADDRESS **560 LEXINGTON AVE**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **RUSSELL ANDERSON**
STREET ADDRESS **218 HELICOPTER CIRCLE**
CITY-ST-ZIP **CORONA, CA 92880**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Daniel Fischberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL FISCHBERG 4-27-07 212-704-2400

Date

Daytime Phone #