2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2014
Secretary of State
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Entity Name: VOLT INFORMATION SCIENCES, INC.

Current Principal Place of Business:

1065 AVENUE OF THE AMERICAS 20TH FLOOR
NEW YORK, NY 10018

Current Mailing Address:

1065 AVENUE OF THE AMERICAS 20TH FLOOR
NEW YORK, NY 10018 US

FEI Number: 13-5658129

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT & CEO
Name	KOCHMAN, RONALD
Address	1065 AVENUE OF THE AMERICAS 20TH FLOOR
City-State-Zip:	NEW YORK NY 10018

Title	SECRETARY AND EXECUTIVE VICE PRESIDENT, DIRECTOR
Name	SHAW, JEROME
Address	1065 AVENUE OF THE AMERICAS 20TH FLOOR
City-State-Zip:	NEW YORK NY 10018

Title	DIRECTOR
Name	FRANK , LLOYD
Address	1065 AVENUE OF THE AMERICAS 20TH FLOOR
City-State-Zip:	NEW YORK NY 10018

Title	DIRECTOR
Name	HAVELL, THERESA A.
Address	1065 AVENUE OF THE AMERICAS 20TH FLOOR
City-State-Zip:	NEW YORK NY 10018

Title	CFO AND SENIOR VICE PRESIDENT
Name	MAYHEW, JAMES WHITNEY
Address	1065 AVENUE OF THE AMERICAS 20TH FLOOR
City-State-Zip:	NEW YORK NY 10018

Title	VP, HUMAN RESOURCES
Name	ROSS, LOUISE
Address	1065 AVENUE OF THE AMERICAS 20TH FLOOR
City-State-Zip:	NEW YORK NY 10018

Title	DIRECTOR
Name	GOODMAN, BRUCE G.
Address	1065 AVENUE OF THE AMERICAS 20TH FLOOR
City-State-Zip:	NEW YORK NY 10018

Title	VP OF TAX
Name	ROGOZINSKI, STEVEN J.
Address	1600 STEWART AVENUE SUITE 100
City-State-Zip:	WESTBURY NY 11590

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEROME SHAW SECRETARY 04/22/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KOCHMAN, RONALD M
Address	1600 STEWART AVENUE SUITE 100
City-State-Zip:	WESTBURY NY 11590

Title	DIRECTOR
Name	KAPLAN, MARK N
Address	1600 STEWART AVENUE SUITE 100
City-State-Zip:	WESTBURY NY 11590

Title	DIRECTOR
Name	SHAW, JEROME
Address	1600 STEWART AVENUE SUITE 100
City-State-Zip:	WESTBURY NY 11590

Title	DIRECTOR
Name	TURNER, WILLIAM H
Address	1600 STEWART AVENUE SUITE 100
City-State-Zip:	WESTBURY NY 11590

Title	DIRECTOR
Name	SHAW, DEBORAH
Address	1600 STEWART AVENUE SUITE 100
City-State-Zip:	WESTBURY NY 11590