

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005837

Entity Name: VOLT MANAGEMENT CORP.**Current Principal Place of Business:**50 CHARLES LINDBERGH BOULEVARD
SUITE 206
UNIONDALE, NY 11553**Current Mailing Address:**50 CHARLES LINDBERGH BOULEVARD
SUITE 206
UNIONDALE, NY 11553 US**FEI Number:** 13-3568039**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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
Name	DEAN, MICHAEL
Address	50 CHARLES LINDBERGH BOULEVARD SUITE 206
City-State-Zip:	UNIONDALE NY 11553

Title	TREASURER
Name	HANNON, KEVIN
Address	50 CHARLES LINDBERGH BOULEVARD SUITE 206
City-State-Zip:	UNIONDALE NY 11553

Title	DIRECTOR
Name	ROSS, LOUISE
Address	50 CHARLES LINDBERGH BOULEVARD SUITE 206
City-State-Zip:	UNIONDALE NY 11553

Title	DIRECTOR, SECRETARY
Name	STERN, SHARON
Address	50 CHARLES LINDBERGH BOULEVARD SUITE 206
City-State-Zip:	UNIONDALE NY 11553

Title	DIRECTOR
Name	VALENTINO, LISA
Address	50 CHARLES LINDBERGH BOULEVARD SUITE 206
City-State-Zip:	UNIONDALE NY 11553

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: SHARON STERN**SECRETARY****04/02/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date