

1.) CORPORATION NAME:

VOLT INFORMATION SCIENCES, INC.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F0450363**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1065 AVENUE OF THE AMERICAS, 20TH FL.

CITY/ST/ZIP: NEW YORK, NY 10018

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEVEN A SHAW	
TITLE:	DIRECTOR	
ADDRESS:	1065 AVENUE OF THE AMERICAS 20TH FL.	
CITY/ST/ZIP/CO:	NEW YORK, NY 10018	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RONALD KOCHMAN	
TITLE:	PRES/CEO	
ADDRESS:	1065 Avenue of the Americas	
CITY/ST/ZIP/CO:	New York, NY 10018	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEROME SHAW	
TITLE:	EVP/SEC	
ADDRESS:	1065 Avenue of the Americas	
CITY/ST/ZIP/CO:	New York, NY 10018	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LUDWIG M GUARINO	
TITLE:	SVP/Treasurer	
ADDRESS:	1065 AVENUE OF THE AMERICAS	
CITY/ST/ZIP/CO:	NEW YORK, NY 10018	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	James Whitney Mayhew	
TITLE:	CFO/SVP	
ADDRESS:	1065 Avenue of the Americas	
CITY/ST/ZIP/CO:	New York, NY 10018	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Louise Ross	
TITLE:	VP/HR	
ADDRESS:	1065 Avenue of the Americas	
CITY/ST/ZIP/CO:	New York, NY 10018	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lloyd Frank DIRECTOR 1065 Avenue of the Americas New York, NY 10018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bruce G. Goodman DIRECTOR 1065 Avenue of the Americas New York, NY 10018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Theresa A. Havell DIRECTOR 1065 Avenue of the Americas New York, NY 10018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mark N. Kaplan DIRECTOR 1065 Avenue of the Americas New York, NY 10018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Deborah Shaw DIRECTOR 1065 Avenue of the Americas New York, NY 10018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William H Turner DIRECTOR 1065 Avenue of the Americas New York, NY 10018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ RONALD KOCHMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RONALD KOCHMAN, PRES/CEO PRINTED NAME AND CORPORATE TITLE	3/27/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			