

1.) CORPORATION NAME:

VOLT INFORMATION SCIENCES, INC.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0450363**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 30,000,000 |
| PREFER | 500,000 |

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.

| | | |
|--|---|--|
| <p>NAME: RONALD KOCHMAN TITLE: PRES/CEO ADDRESS: 1065 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10018</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: LOUISE ROSS TITLE: VP/HR ADDRESS: 1065 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10018</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: JEROME SHAW TITLE: EVP/SEC ADDRESS: 1065 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10018</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: LUDWIG M GUARINO TITLE: SVP/TREASURER ADDRESS: 1065 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10018</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: JAMES WHITNEY MAYHEW TITLE: CFO/SVP ADDRESS: 1065 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10018</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: LLOYD FRANK TITLE: DIRECTOR ADDRESS: 1065 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10018</p> | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

| | | |
|--|---|-------------------|
| NAME: BRUCE G. GOODMAN TITLE: DIRECTOR ADDRESS: 1065 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10018 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: THERESA A. HAVELL TITLE: DIRECTOR ADDRESS: 1065 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10018 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: MARK N. KAPLAN TITLE: DIRECTOR ADDRESS: 1065 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10018 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: DEBORAH SHAW TITLE: DIRECTOR ADDRESS: 1065 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10018 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: WILLIAM H TURNER TITLE: DIRECTOR ADDRESS: 1065 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: 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 | 3/26/2014 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. | | |