

FILE NOW: FILING FEE AFTER MAY 1 IS ~~\$150.00~~

\$200.00 APPROVED AND FILED

1995 MAY 24 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ProFit CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 808757 (9)

1. Corporation Name
OGDEN FOOD SERVICE CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business: % OGDEN CORP. 2 PENN PLAZA - 26TH FL. NEW YORK NY 10121
Mailing Address: % OGDEN CORP. 2 PENN PLAZA - 26TH FL. NEW YORK NY 10121

3. Date Incorporated or Qualified: **12/03/1951**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **23-0404985**
Applied For: Not Applicable:

2. Principal Place of Business: 21. Suite, Apt #, etc. 22. City & State 23. ZIP Country 24. Mailing Address: 25. Suite, Apt #, etc. 26. City & State 27. ZIP Country 28. 29. 30.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 194 U.S. Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST
STE - 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and fee if applicable) (607.1508 Registered Agent signature not required when voluntary) (741)

12. OFFICERS AND DIRECTORS	
TITLE	VTD
NAME	DIGIA, ROBERT M.
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY ST ZIP	NY, NY 00000
TITLE	V
NAME	ETTER, THOMAS C.
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY ST ZIP	NEW YORK NY
TITLE	VSD
NAME	ALLEN, PETER
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY ST ZIP	NEW YORK NY
TITLE	PD
NAME	ABLON, R RICHARD
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY ST ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	800001500938
13 STREET ADDRESS	-05/30/95--01017--017
14 CITY ST ZIP	****200.00 ****200.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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, director, or trustee of the corporation or a receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in block 12 or 13 if changed, with an appointment with an address.

SIGNATURE: Peter Allen Vice President 408/795 212-868-6143
(City) (State/Phone #)