

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90251 050 ***150.00

DOCUMENT # 808757

i. Entity Name
OGDEN FOOD SERVICE CORPORATION

Principal Place of Business OGDEN CORP. PENN PLAZA - 26TH FL. YORK NY 10121	Mailing Address % OGDEN CORP. 2 PENN PLAZA - 26TH FL. NEW YORK NY 10121-2600
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 23-0404985	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VTD	<input checked="" type="checkbox"/> Delete
NAME DIGIA, ROBERT M.	
STREET ADDRESS 2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP NY, NY 00000	
TITLE V	<input type="checkbox"/> Delete
NAME ETTER, THOMAS C.	
STREET ADDRESS 2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP NEW YORK NY	
TITLE VSD	<input type="checkbox"/> Delete
NAME ALLEN, PETER	
STREET ADDRESS 2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP NEW YORK NY	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME ABLON, RICHARD	
STREET ADDRESS 2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP NEW YORK NY	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHN K. MACANIFF	
STREET ADDRESS 2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP NEW YORK NY 10121-0032	
TITLE VP/TREASURER/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILLIAM J. METZGER	
STREET ADDRESS 2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP NEW YORK NY 10121-0032	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER ALLEN 03 / 31 / 00 (212) 868-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #