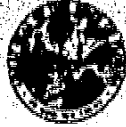


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 820847 (2)

1. Corporation Name
OGDEN ALLIED MAINTENANCE CORPORATION

Principal Place of Business Mailing Address
**C/O OGDEN CORPORATION
2 PENNSYLVANIA PLAZA, 26TH FLOOR
NEW YORK NY 10121**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/01/1967** 3a. Date of Last Report **05/01/1994**

4. FEI Number **13-5565939** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ABLON, R. RICHARD
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY - ST - ZIP	NEW YORK NY
TITLE	V
NAME	HEINEN, EDWIN F
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY - ST - ZIP	NEW YORK NY
TITLE	VS
NAME	WERBEL, STEPHEN K.
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY - ST - ZIP	NEW YORK NY
TITLE	V
NAME	BAUKNECHT, JOHN W.
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY - ST - ZIP	NEW YORK NY
TITLE	VP
NAME	PALMER, ISAAC
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY - ST - ZIP	NEW YORK NY
TITLE	AT
NAME	BUZANGA J.N.
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY - ST - ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SVP
2.3 STREET ADDRESS	John MacAniff
2.4 CITY - ST - ZIP	2 Penn Plaza New York, N.Y. 10121
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Isaac Palmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

212 868 6143

Date (Type) Title