

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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

C/O OGDEN CORPORATION
2 PENNSYLVANIA PLAZA, 26TH FLOOR
NEW YORK NY 10121

3. Date Incorporated or Qualified 11/01/1967	3a. Date of Last Report 05/01/1995
4. FEI Number 13-5565939	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 of Director or Officer of Corporation (Print Name, Title, and Address)

Signature of Registered Agent (Print Name, Title, and Address)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ABLON, R. RICHARD	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY- ST- ZIP	NEW YORK NY	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	MACANIFF, JOHN	
STREET ADDRESS	2 PENN PLAZA	
CITY- ST- ZIP	NEW YORK NY	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WERBEL, STEPHEN K.	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY- ST- ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAUKNECHT, JOHN W.	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY- ST- ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PALMER, ISSAC	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY- ST- ZIP	NEW YORK NY	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	BUZANGA J.N.	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY- ST- ZIP	NEW YORK NY	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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. 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J.L. Effinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.L. EFFINGER - **4/21/96** - **212-868-6143**
Date Date of Filing #

CR2E034 (12/95)