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**May 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 820847 (2)
1. Corporation Name
OGDEN ALLIED MAINTENANCE CORPORATION



Principal Place of Business: **C/O OGDEN CORPORATION, 2 PENNSYLVANIA PLAZA, 26TH FLOOR, NEW YORK NY 10121**
Mailing Address: **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: **05/01/1996**
4. FEI Number: **13-5565939**
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: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **27**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **UNITED STATES CORPORATION COMPANY, 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, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ABLON, R. RICHARD	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SVP	<input checked="" 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 checked="" type="checkbox"/> DELETE
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	VPTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DIGIA, ROBERT M.	
1.3 STREET ADDRESS	2 PENNSYLVANIA PLAZA	
1.4 CITY-ST-ZIP	NEW YORK NY 10121-0032	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

14. I do 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 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, or both, attached with an address.

SIGNATURE: _____ VICE PRESIDENT
ROBERT DIGIA 4/25/97 (212) 868-4331

CR2E034 (9/96)