


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90205 042 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 820847**

1. Corporation Name  
**OGDEN ALLIED MAINTENANCE CORPORATION**



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified <b>11/01/1967</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>13-5565939</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	VPTD	<input type="checkbox"/> DELETE
NAME	DIGIA, ROBERT M	
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	VP	<input checked="" type="checkbox"/> DELETE
NAME	PALMER, ISSAC	
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		

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 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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>SR. VP/ASST SECT. PETER ALLEN</b>
5.3 STREET ADDRESS	<b>2 PENNSYLVANIA PLAZA</b>
5.4 CITY-ST-ZIP	<b>NEW YORK NY 10121-0032</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>ASST. SECT. J.L. EFFINGER</b>
6.3 STREET ADDRESS	<b>2 PENNSYLVANIA PLAZA</b>
6.4 CITY-ST-ZIP	<b>NEW YORK NY 10121-0032</b>

14. 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 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, with all other like empowered.

SIGNATURE: J.L. EFFINGER **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 4 / 2 /99 (212) 868-6133  
 Date Daytime Phone #

CR2E034 (1.1/98)

FORM 9