

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-18-2000 90251 047 ***150.00

DOCUMENT # 820847

1. Entity Name
OGDEN ALLIED MAINTENANCE CORPORATION

Principal Place of Business OGDEN CORPORATION PENNSYLVANIA PLAZA, 26TH FLOOR -- YORK NY 10121	Mailing Address C/O OGDEN CORPORATION 2 PENNSYLVANIA PLAZA, 26TH FLOOR NEW YORK NY 10121-2600
---	---

U J O O J J 4



DO NOT WRITE IN THIS SPACE

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

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. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
 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 PD	<input checked="" type="checkbox"/> Delete
NAME ABLON, R. RICHARD	
STREET ADDRESS 2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP NEW YORK NY	
TITLE VPTD	<input checked="" 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 VS	<input type="checkbox"/> Delete
NAME ALLEN, PETER	
STREET ADDRESS 2 PENN PLAZA	
CITY-ST-ZIP NEW YORK NY 10121-0032	
TITLE AS	<input type="checkbox"/> Delete
NAME EFFINGER, J.L.	
STREET ADDRESS 2 PENN PLAZA	
CITY-ST-ZIP NEW YORK NY 10121-0032	
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 SCOTT G. MACKIN	
STREET ADDRESS 2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP NEW YORK NY 10121-0032	
TITLE SVP/TREASURER	<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: **PA** *[Signature]* **EFFINGER 4 / 03 / 00 (212) 868-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #