

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90009 021 ***150.00

DOCUMENT # 820847
 1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O Constanta Energy Corp Suite, Apt. #, etc. 40 Lane Road	3. Mailing Address C/O Constanta Energy Corp Suite, Apt. #, etc. 40 Lane Rd
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City & State Fairfield NJ	City & State Fairfield NJ
Zip 07007-2615	Country US

4. FEI Number 13-5565939	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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
State 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKIN, SCOTT G 2 PENNSYLVANIA PLAZA NEW YORK NY 10121-0032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT METZGER, WILLIAM J 2 PENNSYLVANIA PLAZA NEW YORK NY 10121-0032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WERBEL, STEPHEN K. 2 PENNSYLVANIA PLAZA NEW YORK NY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ALLEN, PETER 2 PENN PLAZA NEW YORK NY 10121-0032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EPPINGER, J.L. 2 PENN PLAZA NEW YORK NY 10121-0032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William J. Metzger* **WILLIAM J. METZGER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE _____ DAYTIME PHONE # _____

CR2E034 (9/01)