


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

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

04-21-1999 90205 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006196

1. Corporation Name
OGDEN PROJECTS AMERICAS, INC.



Principal Place of Business 40 LANE ROAD FAIRFIELD NJ 07007-2615	Mailing Address C/O OGDEN CORPORATION 2 PENN PLAZA NEW YORK NY 10121 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 13-3795624	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACKIN, SCOTT G	1.2 NAME	J.L. EFFINGER
STREET ADDRESS	40 LANE ROAD	1.3 STREET ADDRESS	TWO PENNSYLVANIA PLAZA
CITY-ST-ZIP	FAIRFIELD NJ 07007-2615	1.4 CITY-ST-ZIP	NEW YORK NY 10121-0032
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOROWITZ, JEFFREY R	2.2 NAME	
STREET ADDRESS	40 LANE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD NJ 07007-2615	2.4 CITY-ST-ZIP	
TITLE	CFOT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMAN, WILLIAM E	3.2 NAME	
STREET ADDRESS	40 LANE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD NJ 07007-2615	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABLON, R. RICHARD	4.2 NAME	
STREET ADDRESS	TWO PENNSYLVANIA PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10121-0032	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: SIGNATURE REQUIRED EFFINGER 3 / 26 / 99 (212) 868-6133
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)