

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F98000002547**

1. Corporation Name

OGDEN TECHNICAL SERVICES CO. INC.

Principal Place of Business

3211 JERMANTOWN RD., STE. 300  
FAIRFAX VA 22030

Mailing Address

3211 JERMANTOWN RD., STE. 300  
FAIRFAX VA 22030

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

04-21-1999 90205 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1998

4. FEI Number

54-1694984

Applied For

Not Applicable

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **4455 BROOKFIELD CORPORATE**

2a. Mailing Address **C/O OGDEN CORP**

26 **2 PENN PLAZA**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 100**

City & State

27 **26 FLOOR, TAX DEPT.**

City & State

23 **CHANTILLY VA 20151**

Zip

Country

28 **NEW YORK NY 10121-0032**

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE  
NAME **SANGER, HENRY L**  
STREET ADDRESS **3211 JERMANTOWN RD., STE. 300**  
CITY-ST-ZIP **FAIRFAX VA 22030**

TITLE **D** ☒ DELETE  
NAME **ALLEN, PETER**  
STREET ADDRESS **2 PENNSYLVANIA PLAZA**  
CITY-ST-ZIP **NEW YORK NY 10121**

TITLE **DS** ☐ DELETE  
NAME **PROVINCE, SHARON G**  
STREET ADDRESS **5510 MOREHOUSE DR.**  
CITY-ST-ZIP **SAN DIEGO CA 92121**

TITLE **DT** ☐ DELETE  
NAME **O'BRIEN, DENNIS P**  
STREET ADDRESS **3211 JERMANTOWN RD., STE. 300**  
CITY-ST-ZIP **FAIRFAX VA 22030**

TITLE **V** ☐ DELETE  
NAME **WANCE, DENNIS M**  
STREET ADDRESS **3211 JERMANTOWN RD., STE. 300**  
CITY-ST-ZIP **FAIRFAX VA 22030**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **4455 BROOKFIELD CORPORATE DRIVE, SUITE 100**  
1.4 CITY-ST-ZIP **CHANTILLY VA 20151**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **VD**  
2.3 STREET ADDRESS **JEFFREY R. HOROWITZ**  
2.4 CITY-ST-ZIP **40 LANE ROAD**  
**FAIRFIELD NJ 07007-2615**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **4455 BROOKFIELD CORPORATE DRIVE, SUITE 100**  
4.4 CITY-ST-ZIP **CHANTILLY VA 20151**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS **4455 BROOKFIELD CORPORATE DRIVE, SUITE 100**  
5.4 CITY-ST-ZIP **CHANTILLY VA 20151**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**JEFFREY R. HOROWITZ / 4/5/99**

**(212) 868-6133**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (1/1/98)