

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-18-2000 90251 049 ***150.00

DOCUMENT # F99000001018

i. Entity Name
ODGEN FLIGHT SERVICES GROUP, INC.

Principal Place of Business PENNSYLVANIA PLAZA NEW YORK NY 10121	Mailing Address 2 PENNSYLVANIA PLAZA NEW YORK NY 10121-0101
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 36-3241812	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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 CD	ABLON, R R	<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAHN, DAVID L	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ALLEN, PETER	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEAVER, PAUL	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	EFFINGER, JERRY	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11)		
TITLE	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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID C. HURLEY	
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)(f), 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: Jerry Effinger **J. L. EFFINGER** 04 / 03 / 00 (212) 868-6000
Signature and typed or printed name of signing officer or director Date Daytime Phone #