

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38009 (7)

1. Corporation Name
ERC FIELD SERVICES CORPORATION

Principal Place of Business C/O OGDEN CORPORATION TWO PENNSYLVANIA PLAZA, 26TH FLOOR NEW YORK NY 10121 US	Mailing Address C/O OGDEN CORPORATION TWO PENNSYLVANIA PLAZA, 26TH FLOOR NEW YORK NY 10121 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/23/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 54-1110405	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
STE 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and tin # (application) (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE P	ABLON, R. RICHARD
NAME	%TWO PENNSYLVANIA PLAZA
STREET ADDRESS	NEW YORK NY
CITY - ST - ZIP	
TITLE VD	CARAS, C. G.
NAME	%TWO PENNSYLVANIA PLAZA
STREET ADDRESS	NEW YORK NY
CITY - ST - ZIP	
TITLE VTD	DIGIA, ROBERT
NAME	%TWO PENNSYLVANIA PLAZA
STREET ADDRESS	NEW YORK NY
CITY - ST - ZIP	
TITLE V	FREDERICKS, ROBERT
NAME	%3211 JERMANTOWN ROAD
STREET ADDRESS	FAIRFAX VA
CITY - ST - ZIP	
TITLE V	LASSWELL, JAMES
NAME	%3211 JERMANTOWN ROAD
STREET ADDRESS	FAIRFAX VA
CITY - ST - ZIP	
TITLE SD	ALLEN, PETER
NAME	C/O TWO PENNSYLVANIA PLAZA
STREET ADDRESS	NEW YORK NY
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/D	ABLON, R. RICHARD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	2 PENN PLAZA	
13 STREET ADDRESS	NEW YORK, N.Y.	
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I declare and certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 by 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 as an attachment with an address.

SIGNATURE: **Peter Allen Secretary** 4/26/95 212-868-6143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (District File #)