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FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 819011 (8)

1. Corporation Name
OGDEN AMERICAN FOOD SERVICES, INC.

Principal Place of Business
% OGDEN CORP.
2 PENN PLAZA, 26TH FLOOR
NEW YORK NY 10121

Mailing Address
% OGDEN CORP.
2 PENN PLAZA, 26TH FLOOR
NEW YORK NY 10121-0001

3. Date Incorporated or Qualified 09/07/1965
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number 34-4197320
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

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 fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V
NAME MACANIFF, JOHN K
STREET ADDRESS 2 PENNSYLVANIA PLZ.
CITY-ST-ZIP NEW YORK, NY 0

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME ABLON, R RICHARD
STREET ADDRESS 2 PENNSYLVANIA PLAZA
CITY-ST-ZIP NEW YORK NY

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME CARAS, C. G.
STREET ADDRESS 2 PENNSYLVANIA PLZ.
CITY-ST-ZIP NEW YORK, NY 0

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

TITLE VTD
NAME DIGIA, ROBERT M.
STREET ADDRESS 2 PENNSYLVANIA PLAZA
CITY-ST-ZIP NEW YORK NY

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VS
NAME ALLEN, PETER
STREET ADDRESS 2 PENNSYLVANIA PLZ.
CITY-ST-ZIP NEW YORK, NY 0

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AS
NAME EFFINGER, J.L.
STREET ADDRESS 2 PENNSYLVANIA PLAZA
CITY-ST-ZIP NEW YORK, NY 0

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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, 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.

SIGNATURE: J L EFFINGER
ASST SECT
J L EFFINGER 4/15/97 (212) 868-4331

CR2E034 (9/96)