

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 819011

1. Entity Name

OGDEN AMERICAN FOOD SERVICES, INC.

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

04-18-2000 90249 028 ***150.00

Principal Place of Business

Mailing Address

% OGDEN CORP.
2 PENN PLAZA, 26TH FLOOR
NEW YORK NY 10121

% OGDEN CORP.
2 PENN PLAZA, 26TH FLOOR
NEW YORK NY 10121-2600

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

34-4197320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	☒ Delete
NAME	MACANIFF, JOHN K	
STREET ADDRESS	2 PENNSYLVANIA PLZ.	
CITY-ST-ZIP	NEW YORK, NY 0	
TITLE	PD	☒ Delete
NAME	ABLON, R RICHARD	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VTD	☒ Delete
NAME	DIGIA, ROBERT M.	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPSD	☐ Delete
NAME	ALLEN, PETER	
STREET ADDRESS	2 PENNSYLVANIA PLZ.	
CITY-ST-ZIP	NEW YORK, NY 0 10121-0032	
TITLE	AS	☒ Delete
NAME	EFFINGER, J.L.	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK, NY 0	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT/DIRECTOR	☐ Change ☒ Addition
NAME	JOHN K. MACANIFF	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY 10121-0032	
TITLE	VP/TREASURER/DIRECTOR	☐ Change ☒ Addition
NAME	WILLIAM J. METZGER	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY 10121-0032	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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)(i), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 / 03 / 00

(212) 868-6000

Date

Daytime Phone #

CR2E034 (9/99)