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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90205 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 820847

1. Corporation Name

OGDEN ALLIED MAINTENANCE CORPORATION

Principal Place of Business

C/O OGDEN CORPORATION
2 PENNSYLVANIA PLAZA, 26TH FLOOR
NEW YORK NY 10121

Mailing Address

C/O OGDEN CORPORATION
2 PENNSYLVANIA PLAZA, 26TH FLOOR
NEW YORK NY 10121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1967

4. FEI Number

13-5565939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES ST
STE 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE VPTD ☐ DELETE
NAME DIGIA, ROBERT M
STREET ADDRESS 2 PENN PLAZA
CITY-ST-ZIP NEW YORK NY

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

TITLE VS ☐ DELETE
NAME WERBEL, STEPHEN K.
STREET ADDRESS 2 PENNSYLVANIA PLAZA
CITY-ST-ZIP NEW YORK NY

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

TITLE VP ☒ DELETE
NAME PALMER, ISSAC
STREET ADDRESS 2 PENNSYLVANIA PLAZA
CITY-ST-ZIP NEW YORK NY

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME SR. IVP/ASST SECT.
5.3 STREET ADDRESS PETER ALLEN
5.4 CITY-ST-ZIP 2 PENNSYLVANIA PLAZA
NEW YORK NY 10121-0032

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME ASST. SECT.
6.3 STREET ADDRESS J.L. EFFINGER
6.4 CITY-ST-ZIP 2 PENNSYLVANIA PLAZA
NEW YORK NY 10121-0032

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 on an attachment, with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 / 2 / 99 (212) 868-6133

Date

Daytime Phone #

CR2E034 (1/98)