FILED **2000 UNIFORM BUSINESS REPORT (UBR)** Apr 18, 2000 8:00 am Secretary of State DOCUMENT # 820847 04-18-2000 90251 047 ***150.00 **OGDEN ALLIED MAINTENANCE CORPORATION** Mailing Address Principal Place of Business C/O OGDEN CORPORATION OGDEN CORPORATION **200004** 2 PENNSYLVANIA PLAZA, 26TH FLOOR PENNSYLVANIA PLAZA. 26TH FLOOR -- YORK NY 10121 NEW YORK NY 10121-2600 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-5565939 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST **STE 105** TALLAHASSEE FL 32301 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change X Addition TITLE X Derete PRESIDENT/DIRECTOR ABLON, R. RICHARD -NAME NAME SCOTT G. MACKIN 7 STREET ADDRESS STREET ADDRESS 2 PENNSYLVANIA-PLAZA 2 PENNSYLVANIA PLAZA CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY NEW YORK NY 10121-0032 Change **▼** Addition VPTD TITLE TITLE Delege SVP/TREASURER DIGIA: ROBERT M NAME NAME WILLIAM J. METZGER STREET ADDRESS STREET ADDRESS 2 PENN PLAZA 2 PENNSYLVANIA PLAZA CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY. NEW YORK NY 10121-0032 ☐ Change Addition ☐ Delete TITLE TITLE WERBEL, STEPHEN K. NAME NAME STREET ADDRESS 2 PENNSYLVANIA PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP new York Ny ☐ Delete TITLE Change Addition TITLE NAME ALLEN, PETER STREET ADDRESS STREET ADDRESS 2 PENN PLAZA CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10121-0032 TITI F Change ☐ Addition ☐ Delete TITLE EPPINGER, J.L. NAME NAME STREET ADDRESS STREET ADDRESS 2 PENN PLAZA CITY-ST-ZIP CITY-ST-ZIF NEW YORK NY 10121-0032 ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE PA

CUTY-ST-7/P

TYPED OR FRUITED NAME OF SIGNING OFFICER OR DIRECTOR

(212) 868-6000

Daytime Phone #