

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

35 MAY -1 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 824528 (4)**

1. Corporation Name  
**OGDEN AVIATION FOOD SERVICES (ALC), INC.**

Principal Place of Business <b>% OGDEN CORPORATION 2 PENN PLAZA - 26TH FLOOR NEW YORK NY 10121</b>	Mailing Address <b>% OGDEN CORPORATION 2 PENN PLAZA - 26TH FLOOR NEW YORK NY 10121</b>
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/12/1970</b>	3a. Date of Last Report <b>05/01/1994</b>
21 Suits, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>11-1619941</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM  
1201 HAYES ST  
STE 105  
TALLAHASSEE FL 32301**

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number Is Not Acceptable)	
B3	
B4 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>ABLON, R. RICHARD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2 PENNSYLVANIA PLAZA</b>	CITY - ST - ZIP <b>NEW YORK NY</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE <b>VP</b>	NAME <b>DIGIA, ROBERT M.</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2 PENNSYLVANIA PLAZA</b>	CITY - ST - ZIP <b>NEW YORK NY</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE <b>V</b>	NAME <b>RAYMOND, ARTHUR V.</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2 PENNSYLVANIA PLAZA</b>	CITY - ST - ZIP <b>NEW YORK NY</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE <b>VSD</b>	NAME <b>DALLEN, PETER</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2 PENNSYLVANIA PLAZA</b>	CITY - ST - ZIP <b>NEW YORK NY</b>	4.2 NAME	<b>Allen, Peter</b>
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE <b>V</b>	NAME <b>SMITH, WILLIAM F.</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2 PENNSYLVANIA PLAZA</b>	CITY - ST - ZIP <b>NEW YORK NY</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE <b>ST</b>	NAME <b>WICK, BEN J (ASST)</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>VETS STADIUM</b>	CITY - ST - ZIP <b>PHILADELPHIA PA</b>	6.2 NAME	<b>Watson, David W.</b>
		6.3 STREET ADDRESS	<b>2 Penn. Plaza</b>
		6.4 CITY - ST - ZIP	<b>New York, N.Y. 10121</b>

14. I certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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. 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 (changed), or on an attachment with an address.

SIGNATURE: **Vice President** 4/27/95 212-868-6143  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Required if change)