

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # 824528 (4)**  
 1. Corporation Name  
**OGDEN AVIATION FOOD SERVICES (ALC), INC.**



Principal Place of Business: % OGDEN CORPORATION, 2 PENN PLAZA - 26TH FLOOR, NEW YORK NY 10121  
 Mailing Address: % OGDEN CORPORATION, 2 PENN PLAZA - 26TH FLOOR, NEW YORK NY 10121

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (26-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 05/12/1970  
 4. FEI Number: 11-1619941  
 6. Certificate of Status Desired:   
 6. Election Campaign Financing Trust Fund Contribution:   
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM**  
 1201 HAYES ST  
 STE 105  
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent (81-85)  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABLON, R. RICHARD	1.2 NAME	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	1.4 CITY - ST - ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGIA, ROBERT M.	2.2 NAME	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND, ARTHUR V.	3.2 NAME	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	3.4 CITY - ST - ZIP	
TITLE	VSD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, PETER	4.2 NAME	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, DAVID W	5.2 NAME	
STREET ADDRESS	2 PENN. PLAZA	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE: *Peter Allen* **PETER ALLEN** VICE PRESIDENT  
 4 / 2 / 98 (212) 868-4331

FORM APPROVED 10/97

CR2E034 (10/97)