


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 17, 1999 8:00 am**  
**Secretary of State**

09-17-1999 90011 006 \*\*\*550.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 824528**  
 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
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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>	
21	22	26	27	4. FEI Number <b>11-1619941</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
23	24	25	28	29	30
Zip		Country		Zip	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> 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	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VPD
NAME	ABLON, R. RICHARD	1.2 NAME	James J. O'Neill
STREET ADDRESS	2 PENNSYLVANIA PLAZA	1.3 STREET ADDRESS	524 E. Lamar Blvd.
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	Arlington, TX 76011
TITLE	VTD	2.1 TITLE	PSD
NAME	DIGIA, ROBERT M.	2.2 NAME	Harold A. Michel
STREET ADDRESS	2 PENNSYLVANIA PLAZA	2.3 STREET ADDRESS	524 E. Lamar Blvd.
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	Arlington, TX 76011
TITLE	V	3.1 TITLE	VPT
NAME	RAYMOND, ARTHUR V.	3.2 NAME	James Rafftesaeth
STREET ADDRESS	2 PENNSYLVANIA PLAZA	3.3 STREET ADDRESS	524 E. Lamar Blvd
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	Arlington, Texas 76011
TITLE	VSD	4.1 TITLE	D
NAME	ALLEN, PETER	4.2 NAME	Thomas J. Lee
STREET ADDRESS	2 PENNSYLVANIA PLAZA	4.3 STREET ADDRESS	524 E. Lamar Blvd.
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	Arlington TX 76011
TITLE	V	5.1 TITLE	
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	
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: *Thomas J. Lee* 9-10-99 817-792-5550

CR2E034 (5/99)