

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/12/1970**

4. FEI Number

**11-1619941**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

**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

TITLE PD ☒ DELETE

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

TITLE VTD ☒ DELETE

NAME DIGIA, ROBERT M.  
STREET ADDRESS 2 PENNSYLVANIA PLAZA  
CITY-ST-ZIP NEW YORK NY

TITLE V ☒ DELETE

NAME RAYMOND, ARTHUR V.  
STREET ADDRESS 2 PENNSYLVANIA PLAZA  
CITY-ST-ZIP NEW YORK NY

TITLE VSD ☒ DELETE

NAME ALLEN, PETER  
STREET ADDRESS 2 PENNSYLVANIA PLAZA  
CITY-ST-ZIP NEW YORK NY

TITLE V ☒ DELETE

NAME WATSON, DAVID W  
STREET ADDRESS 2 PENN. PLAZA  
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☒ Change ☒ Addition

1.2 NAME James J. O'Neill  
1.3 STREET ADDRESS 524 E. Lamar Blvd.  
1.4 CITY-ST-ZIP Arlington, TX 76011

2.1 TITLE PSD ☒ Change ☒ Addition

2.2 NAME Harold A. Michel  
2.3 STREET ADDRESS 524 E. Lamar Blvd.  
2.4 CITY-ST-ZIP Arlington, TX 76011

3.1 TITLE VPT ☒ Change ☒ Addition

3.2 NAME James Rafflesqeth  
3.3 STREET ADDRESS 524 E. Lamar Blvd  
3.4 CITY-ST-ZIP Arlington, Texas 76011

4.1 TITLE D ☒ Change ☒ Addition

4.2 NAME Thomas J. Lee  
4.3 STREET ADDRESS 524 E. Lamar Blvd.  
4.4 CITY-ST-ZIP Arlington TX 76011

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

**SIGNATURE: Thomas J. Lee 9-10-99 817-792-5550**

016170

CR2E034 (5/99)