

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90012 008 ***550.00

DOCUMENT # 824528

1. Entity 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

2. Principal Place of Business

3. Mailing Address

524 E. Lamar Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Arlington, Texas

4. FEI Number

11-1619941

Applied For

Not Applicable

Zip

Country

Zip

Country

76011 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VPD	O'NEILL, JAMES J	524 E LAMAR BLVD	ARLINGTON TX 76011	<input type="checkbox"/>
PSD	MICHAEL, HAROLD A	524 E LAMAR BLVD	ARLINGTON TX 76011	<input type="checkbox"/>
VPT	RAFFLESQETH, JAMES	524 E LAMAR BLVD	ARLINGTON TX 76011	<input type="checkbox"/>
D	LEE, THOMAS J	524 E LAMAR BLVD	ARLINGTON TX 76011	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	RAFFTESAETH, JAMES			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

James Rafflesqeth
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Rafflesqeth 9-12-00
 Date Daytime Phone #

CR2E034 (5/00)