

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000001021

1. Entity Name

OGDEN PLANT MAINTENANCE COMPANY, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90251 013 \*\*\*150.00

Principal Place of Business

Mailing Address

TWO PENNSYLVANIA PLAZA  
NEW YORK NY 10121

TWO PENNSYLVANIA PLAZA  
NEW YORK NY 10121-0101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2640359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALBON, R-R	
STREET ADDRESS	TWO PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY 10121	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALLEN, PETER	
STREET ADDRESS	TWO PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY 10121	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	DIGIA, ROBERT M	
STREET ADDRESS	TWO PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY 10121	
TITLE	AS	<input type="checkbox"/> Delete
NAME	EFFINGER, J.L.	
STREET ADDRESS	TWO PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10121-0032	
TITLE	S	<input type="checkbox"/> Delete
NAME	WERBEL, STEPHEN K	
STREET ADDRESS	TWO PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT G. MACKIN	
STREET ADDRESS	TWO PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY 10121-0032	
TITLE	VP/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM J. METZGER	
STREET ADDRESS	TWO PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY 10121-0032	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *JE*

*JEFFERSON L. EFFINGER*

JEFFINGER 04 / 03 / 00 (212) 868-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)