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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9300001892 (9)

OGDEN RANGE SERVICES, INC.

Principal Place of Business Mailing Address																
TWO PENNSYLVANIA PLAZA NEW YORK NY 10121				26TI	2 PENNSYLVANIA PLAZA 26TH FLOOR NEW YORK NY 10121											
											Date Incorporated or Qualified 04/20/1993	1	ate of Las <b>01/199</b> (		orl	
—	rincipal Pl	lace of Busi	ness	2a. Mailing Address						4.	FEI Number			Appli	ed For	
21		ш		26						<b> </b>	13-37 <u>1296 1</u>				pplicable	
Suite, Apt. #, etc.				27						5.	Certificate of Status Desired		\$8.7	Requ		
City & State				— ¬	City & State						Election Campaign Financing		\$5.0			
23	Zip Country			28	Zip Count					+	Trust Fund Contribution			d to F		
24	25		29 30			·			8.	This corporation has liability for Florida Statutes		tax unde <b>K</b> ] No	r s. 15	99.032		
		9. Name	and Address of Currer		ered Agent					10.	Name and Address of New Re					
	THE	PRENTICE	HALL CORPORATIO	N SYSTE	EM, INC.		81	N	lame							
1201 HAYES STREET SUITE 105							82	S	treet Addre	ess (P.O. Box Number is Not Acceptable)						
TALLAHASSEE FL 32301						83	-									
							84	C	City				<b>85</b> Z	ip Co	de	
<u> </u>	Durguant I	to the provis	ions of Costians CO7 040	13 and 60.	7 16 00 Florido St	odulos d	lia abaur		and perce		o pulposite this statement for the	FL			. alinta an al	
] 11. ;	office or re	egistered ag	gent, or both, in the State	of Florida	7. 1508, Florida Si a. Such change w	atutes, ti vas autho	ne above orized by	e-na y th	e corporati	on's b	n submits this statement for the poored of directors. I hereby acce	ourpose o pt the app	r changini pointment	as reç	egistered gistered	
1		m lamiliar w	ith, and accept the oblig	ations of,	Section 607.0505	Statutes	S									
SIGN	NATURE	Signature, typed	d or printed name of registered age	ent and little if	applicable	(NOTE Flog	gistered Ago	ent s	ignature require	d when	ı reinstating)	DATE				
12.			OFFICERS AN	D DIRECT	TORS		13.			f	ADDITIONS/CHANGES TO OFFI	CERS ANI	D DIRECT	ORS I	N 12	
TITLE	J	CP			∐ DELE1E	ı	1.1 111LE						☐ Chang	je [	Addition	
NAME	1					1	1.2 NAME									
-	1 ADDRESS		NNSYLVANIA PLAZA				13 STHEEF ADDRESS									
-	ST-ZIP	VCVP	RK NY 10121		E DELVIE		1.4 CITY-S	31 - 7	IÞ				Chane		Addition	
TITLE			0.0				2.1 THEF						Chang	le L	] Addition	
NAME				(			2.2 NAME									
			RK NY 10121					2.3 STREET ADDRESS								
TITLE	\$1-ZIP	DV8	INN IN IUIZI		DELETE		2.4 City-5	51 - 2	/IP				Chanc	. T	Addition	
NAME		ALLEN, F	PETER		[_] Direction		3.1 IIII 8						- Outri	· L	roulion	
			NNSYLVANIA PLAZA		3 3 STH			20100								
1			RK NY 10121													
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NAME		DIGIA, R	ORFRT				4 2 NAME		1							
j	T ADDRESS	·			<b>.</b> "			4.3 STREET ADDRESS								
l	ST-ZIP	NEW YORK NY 10121					4.4 C(1Y - S1 - 7)P									
TITLE		VAS			DELLTE		5.1 THILE						☐ Chang	je [	Addition	
NAME		EFFINGE	R. J L				5.2 NAME						•			
1	T ADDRESS				\			5.3 STREET ADDRESS								
i	ST-ZIP		RK NY 10121			ı	54 CITY-S		ł							
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NAME		GREEN.	EDWARD =				6.2 NAME									
1	T ADDRESS	2200 WI	LSON BOULEVAR	UITE 60	0		6.3 STREET	1 ADI	ORESS							

CIONATURE.

14. I do hereby certify that the information supplinformation indicated on this annual report I am an officer or director of the corporate

ROBERT DIGIA

4/24 /97

d with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Applemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name than an attachment with advactorss.

(212) 868-4331

**FILED** 

May 14 1997 8:00am

Secretary of State