

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000003302 (7)

1. Corporation Name

OGDEN AVIATION SERVICE INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

Two Penn Plaza  
NY, NY 10121

Two Penn Plaza  
NY, NY 10121

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

The Prentice-Hall Corporation  
110 North Magnolia Street  
Tallahassee, FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/19/1993

05/01/95

4. FEI Number

13-5565926

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

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 P/C/D  
NAME Ablon R. Richard  
STREET ADDRESS Two Penn Plaza, NY, NY 10121  
CITY - ST - ZIP

TITLE S  
NAME Werbel Stephen K.  
STREET ADDRESS Two Penn Plaza, NY, NY 10121  
CITY - ST - ZIP

TITLE V/T/D  
NAME DiGlia Robert  
STREET ADDRESS Two Penn Plaza, NY, NY 10121  
CITY - ST - ZIP

TITLE D  
NAME Caras C. G.  
STREET ADDRESS Two Penn Plaza, NY, NY 10121  
CITY - ST - ZIP

TITLE V  
NAME Smith William F.  
STREET ADDRESS Two Penn Plaza, NY, NY 10121  
CITY - ST - ZIP

TITLE V  
NAME Allen Peter  
STREET ADDRESS Two Penn Plaza, NY, NY 10121  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

200001852962

-06/06/96--01017--021

\*\*\*200.00

Changes ☐ Addition

Change ☐ Addition

Change ☐ Addition

Change ☐ Addition

Change ☐ Addition

Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

PETER ALLEN

4/30/96

(212) 868-6143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #