


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

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**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90205 029 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000006196**

1. Corporation Name

**OGDEN PROJECTS AMERICAS, INC.**

Principal Place of Business

**40 LANE ROAD  
FAIRFIELD NJ 07007-2615**

Mailing Address

**C/O OGDEN CORPORATION  
2 PENN PLAZA  
NEW YORK NY 10121  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/05/1994**

4. FEI Number

**13-3795624**

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip Country

**29**

**30**

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 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	<input type="checkbox"/> DELETE
NAME	MACKIN, SCOTT G	
STREET ADDRESS	40 LANE ROAD	
CITY-ST-ZIP	FAIRFIELD NJ 07007-2615	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HOROWITZ, JEFFREY R	
STREET ADDRESS	40 LANE ROAD	
CITY-ST-ZIP	FAIRFIELD NJ 07007-2615	
TITLE	CFOT	<input type="checkbox"/> DELETE
NAME	WHITMAN, WILLIAM E	
STREET ADDRESS	40 LANE ROAD	
CITY-ST-ZIP	FAIRFIELD NJ 07007-2615	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ABLON, R. RICHARD	
STREET ADDRESS	TWO PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY 10121-0032	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ☒ 12

1.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J.L. EFFINGER	
1.3 STREET ADDRESS	TWO PENNSYLVANIA PLAZA	
1.4 CITY-ST-ZIP	NEW YORK NY 10121-0032	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED: EFFINGER**

3 / 26 / 99 (212) 868-6133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)