

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

APPROVED
AND
FILED

COMM - 1 AM 8:32

DOCUMENT # H32769 (2)

1. Corporation Name

**OGDEN FACILITY MANAGEMENT CORPORATION OF PENSACOLA
LA**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% OGDEN CORP.
2 PENNSYLVANIA PLAZA, 26TH FL.
NEW YORK NY 10121

% OGDEN CORP.
2 PENNSYLVANIA PLAZA, 26TH FL.
NEW YORK NY 10121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/05/1984

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
13-3245048

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM
110 N. MAGNOLIA ST.
SUITE 105
TALLAHASSEE FL 32301**

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

To produce typed or printed name of registered agent and State of agent.

(Print). Registered Agent (signature required when registering).

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ABLON, R RICHARD
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY, ST, ZIP	NEW YORK NY
TITLE	V
NAME	ETTER, THOMAS C.
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY, ST, ZIP	NEW YORK NY
TITLE	V
NAME	ALLEN, PETER
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY, ST, ZIP	NEW YORK NY
TITLE	S
NAME	EFFINGER, J.L.
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY, ST, ZIP	NEW YORK NY
TITLE	VTD
NAME	DIGIA, ROBERT M.
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY, ST, ZIP	NEW YORK NY
TITLE	D
NAME	CARAS, J.G.
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY, ST, ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information furnished on this report is a true and accurate representation of the corporation's current status and that the information furnished on this report is a true and accurate representation of the corporation's current status 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 person or persons 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry Effinger Secretary

4/28/95 212-868-6143