

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-18-2000 90251 043 \*\*\*150.00

**DOCUMENT # H32769**

1. Entity Name

**OGDEN FACILITY MANAGEMENT CORPORATION OF PENSACO**

Principal Place of Business Mailing Address  
OGDEN CORP. % OGDEN CORP.  
2 PENNSYLVANIA PLAZA, 26TH FL. 2 PENNSYLVANIA PLAZA, 26TH FL.  
NEW YORK NY 10121 NEW YORK NY 10121-2600

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 **13-3245048** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**THE PRENTICE HALL CORPORATION SYSTEM**  
**110 N. MAGNOLIA ST.**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
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	ABLON, RICHARD	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	ETTER, THOMAS C.	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY 10121-0032	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALLEN, PETER	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY 10121-0032	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	DIGIA, ROBERT M.	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN K. MACANIFF	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY 10121-0032	
TITLE	VP/TREASURER / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM J. METZGER	
STREET ADDRESS	2 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03 / 31 / 00 (212) 868-6000**

Date Daytime Phone #