

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

04-21-1999 90205 024 ***150.00

DOCUMENT # L53388

1. Corporation Name

OGDEN MARTIN SYSTEMS OF LEE, INC.

Principal Place of Business

C/O OGDEN CORP. 2 PENN PLAZA
26TH FL.
NEW YORK NY 10121
US

Mailing Address

C/O OGDEN CORP. 2 PENN PLAZA
26TH FL
NEW YORK NY 10121
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1990

4. FEI Number

13-3557826

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.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 VS ☐ DELETE

NAME HOROWITZ, JEFFREY R
STREET ADDRESS 40 LANE RD
CITY-ST-ZIP FAIRFIELD NJ

TITLE VT ☐ DELETE

NAME WHITMAN, WILLIAM, E
STREET ADDRESS 40 LANE RD
CITY-ST-ZIP FAIRFIELD NJ

TITLE CD ☐ DELETE

NAME ABLOM, R., RICHARD
STREET ADDRESS % 2 PENNSYLVANIA PLAZA
CITY-ST-ZIP NEW YORK NY

TITLE PD ☐ DELETE

NAME MACKIN, SCOTT G.
STREET ADDRESS % 40 LANE ROAD
CITY-ST-ZIP FAIRFIELD NJ

TITLE VD ☐ DELETE

NAME STONE, BRUCE, W
STREET ADDRESS % 40 LANE ROAD
CITY-ST-ZIP FAIRFIELD NJ

TITLE AS ☐ DELETE

NAME EFFINGER, J., L.
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

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 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

52 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

J. L. EFFINGER

3 / 80 / 99 (212) 868-6133

Date

Daytime Phone #

CR2E034 (11/98)