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
95 MAY -1 AM 9:55
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **M67467** (4)

1. Corporation Name

OGDEN MARTIN SYSTEMS OF PASCO, INC.

Principal Place of Business	Mailing Address
C/O OGDEN CORP. 2 PENN PLAZA - 26TH FLOOR NEW YORK, NY. 10121	C/O OGDEN CORP. 2 PENN PLAZA - 26TH FLOOR NEW YORK, NY. 10121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 13-3447536 — 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 · Country 25	Zip 29 · Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD	1 1 TITLE ☐ Change ☐ Addition
NAME	STONE, BRUCE W	1 2 NAME
STREET ADDRESS	40 LANE ROAD	1 3 STREET ADDRESS
CITY-ST-ZIP	FAIRFIELD NJ	1 4 CITY-ST-ZIP
TITLE	VT	2 1 TITLE ☐ Change ☐ Addition
NAME	WHITMAN, WILLIAM E	2 2 NAME
STREET ADDRESS	40 LANE ROAD	2 3 STREET ADDRESS
CITY-ST-ZIP	FAIRFIELD NJ	2 4 CITY-ST-ZIP
TITLE	PD	3 1 TITLE ☐ Change ☐ Addition
NAME	MACKIN, SCOTT G.	3 2 NAME
STREET ADDRESS	40 LANE ROAD	3 3 STREET ADDRESS
CITY-ST-ZIP	FAIRFIELD NJ	3 4 CITY-ST-ZIP
TITLE	V	4 1 TITLE ☐ Change ☐ Addition
NAME	MACK, WILLIAM C	4 2 NAME
STREET ADDRESS	40 LANE RD	4 3 STREET ADDRESS
CITY-ST-ZIP	FAIRFIELD NJ	4 4 CITY-ST-ZIP
TITLE	AS	5 1 TITLE ☐ Change ☐ Addition
NAME	EFFINGER, J. L.	5 2 NAME
STREET ADDRESS	2 PENN PLAZA	5 3 STREET ADDRESS
CITY-ST-ZIP	NEW YORK, NY.	5 4 CITY-ST-ZIP
TITLE	VS	6 1 TITLE ☐ Change ☐ Addition
NAME	HOROWITZ, JEFFREY	6 2 NAME
STREET ADDRESS	40 LANE ROAD	6 3 STREET ADDRESS
CITY-ST-ZIP	FAIRFIELD NJ	6 4 CITY-ST-ZIP

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: J.L. Effinger Asst. Secty. 4/27/95 212-868-6143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001807 CP