

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00556** (1)  
1. Corporation Name  
**OGDEN MANAGEMENT SERVICES, INC.**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/11/1984** 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 28 Zip Country 29 Zip Country 30

4. FEI Number **13-2918484** 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

**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

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>ABLON, R RICHARD</b>
STREET ADDRESS	<b>2 PENN PLAZA</b>
CITY, ST, ZIP	<b>NEW YORK NY</b>
TITLE	<b>VDT</b>
NAME	<b>DIGIA, ROBERT M.</b>
STREET ADDRESS	<b>2 PENN PLAZA</b>
CITY, ST, ZIP	<b>NEW YORK NY</b>
TITLE	<b>V</b>
NAME	<b>CARAS, C G</b>
STREET ADDRESS	<b>2 PENN PLAZA</b>
CITY, ST, ZIP	<b>NEW YORK NY</b>
TITLE	<b>V</b>
NAME	<b>HUSBY, PHILIP G</b>
STREET ADDRESS	<b>2 PEN PLAZA</b>
CITY, ST, ZIP	<b>NEW YORK NY</b>
TITLE	<b>AS</b>
NAME	<b>EFFINGER, JERRY L.</b>
STREET ADDRESS	<b>2 PENN PLAZA</b>
CITY, ST, ZIP	<b>NEW YORK NY</b>
TITLE	<b>VS</b>
NAME	<b>RITCH, KATHLEEN</b>
STREET ADDRESS	<b>2 PENN PLAZA</b>
CITY, ST, ZIP	<b>NEW YORK NY</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(2)(b), Florida Statutes. I further certify that the information contained 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 responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 9 or 13 if changed, or as an attachment with an address.

SIGNATURE: *Jerry Effinger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry Effinger Assistant Secretary 428-795 212-868-6143  
Title Location