

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00556

1. Entity Name

OGDEN MANAGEMENT SERVICES, INC.

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

04-18-2000 90251 014 \*\*\*150.00

Principal Place of Business

Mailing Address

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

C/O OGDEN CORP  
2 PENN PLAZA - 26TH FL.  
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

13-2918484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 ☒ Delete  
NAME ~~PD~~  
STREET ADDRESS ~~ABLON, R. RICHARD~~  
CITY - ST - ZIP ~~2 PENN PLAZA~~  
~~NEW YORK NY~~

TITLE PRESIDENT/DIRECTOR ☐ Change ☒ Addition  
NAME SCOTT G. MACKIN  
STREET ADDRESS 2 PENN PLAZA  
CITY - ST - ZIP NEW YORK NY 10121-0032

TITLE ☒ Delete  
NAME ~~VDT~~  
STREET ADDRESS ~~DIGIA, ROBERT M.~~  
CITY - ST - ZIP ~~2 PENN PLAZA~~  
~~NEW YORK NY~~

TITLE VP/CONTROLLER ☐ Change ☒ Addition  
NAME WILLIAM J. METZGER  
STREET ADDRESS 2 PENN PLAZA  
CITY - ST - ZIP NEW YORK NY 10121-0032

TITLE ☐ Delete  
NAME SVP  
STREET ADDRESS COIT, LYNDE H  
CITY - ST - ZIP 2 PENN PLAZA  
NEW YORK NY 10121-0032

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME AS  
STREET ADDRESS EFFINGER, JERRY L.  
CITY - ST - ZIP 2 PENN PLAZA  
NEW YORK NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☒ Delete  
NAME ~~VS~~  
STREET ADDRESS ~~RITCH, KATHLEEN~~  
CITY - ST - ZIP ~~2 PENN PLAZA~~  
~~NEW YORK NY~~

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ 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 of Jerry L. Effinger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 / 29 / 00

(212) 868-6000

Date

Daytime Phone #

CR2E034 (9/99)