

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Office of Secretary
Secretary of State
Tallahassee, Florida 32301

APPROVED
AND
FILED

DOCUMENT # **P15491** (4)

95 MAY -1 AM 10: 04

1. Corporation Name
OGDEN ALLIED BUILDING & AIRPORT SERVICES INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **%OGDEN ALLIED SERVICES CORPORATION
TWO PENNSYLVANIA PLAZA
NEW YORK NY 10121**

Alternate Address: **%OGDEN ALLIED SERVICES CORPORATION
TWO PENNSYLVANIA PLAZA
NEW YORK NY 10121**

3. Date incorporated or chartered 08/06/1987	3a. Date of last Report 05/01/1994
4. FIC Number 13-5618372	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Report Filed <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 220.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailed Address 26
22	27
23	28
24	29
25	30

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
85 State

FL

11. Pursuant to the provisions of Section 220.032, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both the State of Florida and the State of New York. The corporation hereby certifies that it is duly organized and in good standing in both the State of Florida and the State of New York.

Signature of Officer or Director: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS AND DIRECTORS
NAME: V PALMER, ISSAC 2 PENNSYLVANIA PLAZA NY NY	1. NAME: _____ 2. TITLE: _____ 3. ADDRESS: _____ 4. CITY: _____ 5. STATE: _____
NAME: PD ABLON, R. RICHARD TWO PENNSYLVANIA PLAZA NEW YORK NY	6. NAME: _____ 7. TITLE: _____ 8. ADDRESS: _____ 9. CITY: _____ 10. STATE: _____
NAME: V ALLEN, PETER TWO PENNSYLVANIA PLAZA NEW YORK NY	11. NAME: _____ 12. TITLE: _____ 13. ADDRESS: _____ 14. CITY: _____ 15. STATE: _____
NAME: V BAUKNECHT, JOHN W. TWO PENNSYLVANIA PLAZA NEW YORK NY	16. NAME: _____ 17. TITLE: _____ 18. ADDRESS: _____ 19. CITY: _____ 20. STATE: _____
NAME: AS EFFINGER, J. L. TWO PENNSYLVANIA PLAZA NEW YORK NY	21. NAME: _____ 22. TITLE: _____ 23. ADDRESS: _____ 24. CITY: _____ 25. STATE: _____
NAME: VT DITA, ROBERT M. TWO PENNSYLVANIA PLAZA NEW YORK NY	26. NAME: _____ 27. TITLE: _____ 28. ADDRESS: _____ 29. CITY: _____ 30. STATE: _____

14. I, the undersigned, certify that the information reported on this report is true and correct and that the corporation is duly organized and in good standing in both the State of Florida and the State of New York. I am duly qualified to sign this report and to bind the corporation in both the State of Florida and the State of New York.

SIGNATURE: **Peter Allen Vice President 4/27/95 212-860-6143**