

5-14-97 B-7154 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P15491 (4)
 1. Corporation Name
OGDEN ALLIED BUILDING & AIRPORT SERVICES INC.



Principal Place of Business OGDEN ALLIED SERVICES CORPORATION TWO PENNSYLVANIA PLAZA NEW YORK NY 10121	Mailing Address OGDEN ALLIED SERVICES CORPORATION TWO PENNSYLVANIA PLAZA NEW YORK NY 10121
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/06/1987 3a. Date of Last Report 05/01/1996 4. FEI Number 13-5618372 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	V <input type="checkbox"/> DELETE
NAME	PALMER, ISSAC
STREET ADDRESS	2 PENNSYLVANNIA PLAZA
CITY-ST-ZIP	NY NY
TITLE	PD <input type="checkbox"/> DELETE
NAME	ABLON, R. RICHARD
STREET ADDRESS	TWO PENNSYLVANIA PLAZA
CITY-ST-ZIP	NEW YORK NY
TITLE	V <input type="checkbox"/> DELETE
NAME	ALLEN, PETER
STREET ADDRESS	TWO PENNSYLVANIA PLAZA
CITY-ST-ZIP	NEW YORK NY
TITLE	V <input type="checkbox"/> DELETE
NAME	BAUKNECHT, JOHN W.
STREET ADDRESS	TWO PENNSYLVANIA PLAZA
CITY-ST-ZIP	NEW YORK NY
TITLE	AS <input type="checkbox"/> DELETE
NAME	EFFINGER, J. L.
STREET ADDRESS	TWO PENNSYLVANIA PLAZA
CITY-ST-ZIP	NEW YORK NY
TITLE	VT <input type="checkbox"/> DELETE
NAME	DIGIA, ROBERT
STREET ADDRESS	TWO PENNSYLVANIA PLAZA
CITY-ST-ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALLEN, PETER
1.3 STREET ADDRESS	TWO PENNSYLVANIA PLAZA
1.4 CITY-ST-ZIP	NEW YORK NY 10121-0032
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address. **J.L. EFFINGER**

SIGNATURE: _____ ASST SECT 4/25/97 (212) 868-4331

CR2E034 (9/96)