

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 17 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P15491 (4)
1. Corporation Name
OGDEN ALLIED BUILDING & AIRPORT SERVICES INC.



DO NOT WRITE IN THIS SPACE

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**

3. Date Incorporated or Qualified: **08/06/1987**

4. FEI Number: **13-5618372** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD NAME: PALMER, ISSAC STREET ADDRESS: 2 PENNSYLVANIA PLAZA CITY-ST-ZIP: NY NY	<input type="checkbox"/> DELETE	1.1 TITLE: VICE PRESIDENT/ ASST. SECT. 1.2 NAME: PALMER, ISSAC 1.3 STREET ADDRESS: TWO PENNSYLVANIA PLAZA 1.4 CITY-ST-ZIP: NEW YORK NY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: ABLON, R. RICHARD STREET ADDRESS: TWO PENNSYLVANIA PLAZA CITY-ST-ZIP: NEW YORK NY	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: ALLEN, PETER STREET ADDRESS: TWO PENNSYLVANIA PLAZA CITY-ST-ZIP: NEW YORK NY	<input type="checkbox"/> DELETE	3.1 TITLE: VICE PRESIDENT/DIRECTOR 3.2 NAME: ALLEN, PETER 3.3 STREET ADDRESS: TWO PENNSYLVANIA PLAZA 3.4 CITY-ST-ZIP: NEW YORK NY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: BAUKNECHT, JOHN W. STREET ADDRESS: TWO PENNSYLVANIA PLAZA CITY-ST-ZIP: NEW YORK NY	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: EFFINGER, J. L. STREET ADDRESS: TWO PENNSYLVANIA PLAZA CITY-ST-ZIP: NEW YORK NY	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VT NAME: DIGIA, ROBERT M. STREET ADDRESS: TWO PENNSYLVANIA PLAZA CITY-ST-ZIP: NEW YORK NY	<input type="checkbox"/> DELETE	6.1 TITLE: VICE PRESIDENT/TREASURER/ DIRECTOR 6.2 NAME: DIGIA, ROBERT M. 6.3 STREET ADDRESS: TWO PENNSYLVANIA PLAZA 6.4 CITY-ST-ZIP: NEW YORK NY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

CR2E034 (10/97)