

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

000541

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90205 038 \*\*\*150.00

DOCUMENT # P15491

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

DO NOT WRITE IN THIS SPACE

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPAS	<input checked="" 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	VPD	<input type="checkbox"/> DELETE
NAME	ALLEN, PETER	
STREET ADDRESS	TWO PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input checked="" 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	VPTD	<input type="checkbox"/> DELETE
NAME	DIGIA, ROBERT M.	
STREET ADDRESS	TWO PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

ROBERT M. DIGIA

4/ 5 /99 (212) 868-6133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)