

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-18-2000 90266 050 \*\*\*150.00

**DOCUMENT # P15491**

Entity Name

**OGDEN ALLIED BUILDING & AIRPORT SERVICES INC.**

00054301



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ALLIED SERVICES CORPORATION PENNSYLVANIA PLAZA NEW YORK NY 10121	OGDEN ALLIED SERVICES CORPORATION TWO PENNSYLVANIA PLAZA NEW YORK NY 10121-0101 US

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	13-5618372	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 \_\_\_\_\_ (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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>PD</b> <b>ABILON, R. RICHARD</b> <b>TWO PENNSYLVANIA PLAZA</b> <b>NEW YORK NY</b>	<input checked="" type="checkbox"/> Delete	<b>PRESIDENT/DIRECTOR</b> <b>SCOTT G. MACKIN</b> <b>TWO PENNSYLVANIA PLAZA</b> <b>NEW YORK NY 10121-0032</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>VPD</b> <b>ALLEN, PETER</b> <b>TWO PENNSYLVANIA PLAZA</b> <b>NEW YORK NY</b>	<input type="checkbox"/> Delete	<b>VP/TREASURER</b> <b>WILLIAM J. METZGER</b> <b>TWO PENNSYLVANIA PLAZA</b> <b>NEW YORK NY 10121-0032</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>AS</b> <b>EFFINGER, J. L.</b> <b>TWO PENNSYLVANIA PLAZA</b> <b>NEW YORK NY</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>VPD</b> <b>DIGIA, ROBERT M.</b> <b>TWO PENNSYLVANIA PLAZA</b> <b>NEW YORK NY</b>	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input 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 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 REQUIRED J.L. EFFINGER **04 / 03 /00 (212) 868-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)