

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
OGDEN 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	4. FEI Number	13-5618372	Applied For	<input type="checkbox"/>	Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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**

ii. OFFICERS AND DIRECTORS

PD ABILON, R. RICHARD TWO PENNSYLVANIA PLAZA NEW YORK NY	<input checked="" type="checkbox"/> Delete
VPD ALLEN, PETER TWO PENNSYLVANIA PLAZA NEW YORK NY	<input type="checkbox"/> Delete
AS EFFINGER, J. L. TWO PENNSYLVANIA PLAZA NEW YORK NY	<input type="checkbox"/> Delete
VPTD DIGIA, ROBERT M. TWO PENNSYLVANIA PLAZA NEW YORK NY	<input checked="" type="checkbox"/> Delete
_____ _____ _____ _____	<input type="checkbox"/> Delete
_____ _____ _____ _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR SCOTT G. MACKIN TWO PENNSYLVANIA PLAZA NEW YORK NY 10121-0032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/TREASURER WILLIAM J. METZGER TWO PENNSYLVANIA PLAZA NEW YORK NY 10121-0032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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)