FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P24058** **(0)**

1. Corporation Name
OGDEN MARTIN SYSTEMS, INC.

Principal Place of Business	Mailing Address
C/O OGDEN CORP 2 PENN PLAZA 26TH FLOOR NEW YORK NY 10121	C/O OGDEN CORP 2 PENN PLAZA 26TH FLOOR NEW YORK NY 10121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/25/1989	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 25	Zip / Country 29 30

4. FEI Number **13-3162629** ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM **1200 S. PINE ISLAND ROAD** **PLANTATION FL 33324**	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: (Typed or Printed Name of Registered Agent and Title) (If Registered Agent is an Artificial Entity) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	MACK, WILLIAM C.	12 NAME	
STREET ADDRESS	40 LANE ROAD	13 STREET ADDRESS	
CITY ST ZIP	FAIRFIELD NJ	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MACKIN, SCOTT G.	22 NAME	
STREET ADDRESS	40 LANE ROAD	23 STREET ADDRESS	
CITY ST ZIP	FAIRFIELD NJ	24 CITY ST ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	EFFINGER, J.L.	32 NAME	
STREET ADDRESS	TWO PENNSYLVANIA PLAZA	33 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	34 CITY ST ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	MONTRESOR, LOUIS D.	42 NAME	
STREET ADDRESS	40 LANE ROAD	43 STREET ADDRESS	
CITY ST ZIP	FAIRFIELD NJ	44 CITY ST ZIP	
TITLE	CD	51 TITLE	☐ Change ☐ Addition
NAME	ABLON, R. RICHARD	52 NAME	
STREET ADDRESS	TWO PENNYSLVANIA PLAZA	53 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	54 CITY ST ZIP	
TITLE	VS	61 TITLE	☐ Change ☐ Addition
NAME	HOROWITZ, W. JEFFREY	62 NAME	
STREET ADDRESS	40 LANE ROAD	63 STREET ADDRESS	
CITY ST ZIP	FAIRFIELD NJ	64 CITY ST ZIP	

FORM APPROVED

I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

5/1/95 Date

212 868-6143 Daytime Phone #

0001810 CP