


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

000549

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

04-21-1999 90205 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P24058

1. Corporation Name
OGDEN MARTIN SYSTEMS, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1989

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 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

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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 TV ☐ DELETE

NAME WHITMAN, WILLIAM E

STREET ADDRESS 40 LANE ROAD

CITY-ST-ZIP FAIRFIELD NJ

TITLE PD ☐ DELETE

NAME MACKIN, SCOTT G.

STREET ADDRESS 40 LANE ROAD

CITY-ST-ZIP FAIRFIELD NJ

TITLE AS ☐ DELETE

NAME EFFINGER, J.L.

STREET ADDRESS TWO PENNSYLVANIA PLAZA

CITY-ST-ZIP NEW YORK NY

TITLE CD ☐ DELETE

NAME ABLON, R. RICHARD

STREET ADDRESS TWO PENNSYLVANIA PLAZA

CITY-ST-ZIP NEW YORK NY

TITLE VS ☐ DELETE

NAME HOROWITZ, W. JEFFREY

STREET ADDRESS 40 LANE ROAD

CITY-ST-ZIP FAIRFIELD NJ

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
J. L. EFFINGER

3 /26 /99

Date

(212) 868-6133

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)