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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P34

1. Corporation Name

Pr	incipal Place of Business
%	OGDEN CORPROATION
2 F	PENN PLAZA 26TH FLOOR
NE	W YORK NY 10121
<del>_</del>	Dalasia at Diago at Dunings
$\neg$	Principal Place of Business
2. 21	Principal Place of Business Suite, Apt. #, etc.
$\neg$	
21	

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

04-21-1999 90205 046 \*\*\*150.00

	ELECTRO-OPTICS, INC.			-				
Principal Place	o of Business	Mailing Address		—	I HENTIKUT IRA SITEI OISAN ITAIS AN	Bi fiel Diefi Oli	III BIBII BIBII	DiB(I BIRI) (RB)
		% OGDEN CORPROATION						
% OGDEN COR 2 PENN PLAZA		2 PENN PLAZA 26TH FLOOR					_	
NEW YORK NY 10121 NEW YORK NY 10121					DO NOT WRI	TE IN THIS	SPACE	· · · · · · · · · · · · · · · · · · ·
					3. Date Incorporated or Qualifed			ĺ
					05/09/1991			
2. Principal Pl	lace of Business	2a. Mailing Address		}	4. FEI Number			pplied For
21		26			<u>59-3063752</u>			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		l	5. Certifcate of Status Desired		<b>.</b>	Additional (
22		27						
City & State	e	City & State		ł	6. Election Campaign Financing			May Be
23[		28	Causes		Trust Fund Contribution			to rees
Zip	Country	Zip	Country		<ol><li>This corporation owes the currence</li><li>Personal Property Tax.</li></ol>	ent year ma	ingible □ Yes	□No
24	25		30		10. Name and Address of New F	Registered A		
<del>_</del> _	9. Name and Address of Current	Registered Agent	81 Nam		IV. Italie and Address of Item	togistores r		
THE	PRENTICE-HALL CORPORATION	SYSTEM INC						
	NORTH MAGNOLIA STREET	OTOTEM, INC.	82 Stre	et Addres	s (P.O. Box Number is Not Accepta	able)		
	AHASSEE FL 32301		83	<del></del>				
IALL	ANACOLL I E SESO I		65					i
	•		84 City			FL	85 Zip	Code
					ation authority this statement for the		hanging it	s registered
office or 6	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligations.	of Florida. Such change was au	ithorized by the co	rporation	's board of directors. I hereby accep	ot the appoir	itment as r	egistered
SIGNATURE	Signature, typed or printed name of registered agen			_				
		t and title if englicable (NOTE:	Registered Agent signatu	re required w	hen reinstating)	DATE		
12			Registered Agent signatu	re required w			D DIRECT	ORS IN 12
12.	OFFICERS AN	D DIRECTORS.	13.	re required w	then reinstating) ADDITIONS/CHANGES TO OF		D DIRECT	
TITLE	OFFICERS AN		13.	re required w				
TITLE NAME	PD HUSBY, PHILIP	D DIRECTORS.	13. 1.1 TITLE 1.2 NAME					
TITLE NAME STREET ADDRESS	PD HUSBY, PHILIP 2 PENN PLAZA	D DIRECTORS.	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUSBY, PHILIP 2 PENN PLAZA NEW YORK NY 10121-0032	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORE 1.4 CITY-ST-ZIP					Addition
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18. 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.

/99

(212) 868-6133