

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90032 032 ***150.00

DOCUMENT # P98000064726^{ac}

1. Corporation Name

OGDEN MARTIN SYSTEMS OF TAMPA, INC.

Principal Place of Business

2 PENN PLAZA
NEW YORK NY 10121-0032

Mailing Address

C/O OGDEN CORPORATION
2 PENN PLAZA, 26FL., TAX DEPT.
NEW YORK NY 10121-0032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
JULY 28, 1998

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

4. FEI Number

22-3603324

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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY USA
1201 HAYS STREET
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 CEO ☐ DELETE
NAME R. RICHARD ABLON
STREET ADDRESS 2 PENN PLAZA
CITY-ST-ZIP NEW YORK NY 10121-0032

TITLE PRESIDENT ☐ DELETE
NAME SCOTT G. MACKIN
STREET ADDRESS 40 LANE ROAD
CITY-ST-ZIP FAIRFIELD NJ 07007-2615

TITLE EVP ☐ DELETE
NAME BRUCE W. STONE
STREET ADDRESS 40 LANE ROAD
CITY-ST-ZIP FAIRFIELD NJ 07007-2615

TITLE TREASURER ☐ DELETE
NAME WILLIAM E. WHITMAN
STREET ADDRESS 40 LANE ROAD
CITY-ST-ZIP FAIRFIELD NJ 07007-2615

TITLE SECRETARY ☐ DELETE
NAME JEFFREY R. HOROWITZ
STREET ADDRESS 40 LANE ROAD
CITY-ST-ZIP FAIRFIELD NJ 07007-2615

TITLE ASSISTANT SECRETARY ☐ DELETE
NAME J.L. EFFINGER
STREET ADDRESS 2 PENN PLAZA
CITY-ST-ZIP NEW YORK NY 10121-0032

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:

J.L. Effinger

J.L. EFFINGER

3 /30 /99

(212) 868-6133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)