

FILE NOW: FILING FEE AFTER MAY 1 IS ~~\$150.00~~

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1995 MAY 24 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 808757 (9)

1. Corporation Name
OGDEN FOOD SERVICE CORPORATION

Principal Place of Business Mailing Address
% OGDEN CORP.
2 PENN PLAZA - 26TH FL.
NEW YORK NY 10121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/03/1951** 3a. Date of Last Report **05/01/1994**
4. FEI Number **23-0404985** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under 5-1394 U.S. Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST
STE - 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 of agent or person named as registered agent and fee is applicable (607.1508 Registered Agent signature not required when voluntary) (607.1508)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGIA, ROBERT M.	12 NAME	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	13 STREET ADDRESS	800001500938
CITY ST ZIP	NY, NY 00000	14 CITY ST ZIP	-05/30/95--01017--017
TITLE	V	15 CITY ST ZIP	****200.00 ****200.00
NAME	ETTER, THOMAS C.	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2 PENNSYLVANIA PLAZA	22 NAME	
CITY ST ZIP	NEW YORK NY	23 STREET ADDRESS	
TITLE	VSD	24 CITY ST ZIP	
NAME	ALLEN, PETER	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2 PENNSYLVANIA PLAZA	32 NAME	
CITY ST ZIP	NEW YORK NY	33 STREET ADDRESS	
TITLE	PD	34 CITY ST ZIP	
NAME	ABLON, R RICHARD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2 PENNSYLVANIA PLAZA	42 NAME	
CITY ST ZIP	NEW YORK NY	43 STREET ADDRESS	
TITLE		44 CITY ST ZIP	
NAME		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52 NAME	
CITY ST ZIP		53 STREET ADDRESS	
TITLE		54 CITY ST ZIP	
NAME		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62 NAME	
CITY ST ZIP		63 STREET ADDRESS	
		64 CITY ST ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 a receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in block 12 or 13 of this document, with an appointment with an address.

SIGNATURE: Peter Allen Vice President 408/795 212-868-6143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone)