

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 1:21

**DOCUMENT # 819011 (8)**

1. Corporation Name  
**OGDEN AMERICAN FOOD SERVICES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**% OGDEN CORP.  
2 PENN PLAZA, 26TH FLOOR  
NEW YORK NY 10121** **% OGDEN CORP.  
2 PENN PLAZA, 26TH FLOOR  
NEW YORK NY 10121**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/07/1965		05/01/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		34-4197320		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip		Country		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
24		25		Trust Fund Contribution		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
29		30					

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYES 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when existing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACANIFF, JOHN K	1.2 NAME	
STREET ADDRESS	2 PENNSYLVANIA PLZ.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 0	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABLON, R RICHARD	2.2 NAME	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARAS, C. G.	3.2 NAME	
STREET ADDRESS	2 PENNSYLVANIA PLZ.	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 0	3.4 CITY - ST - ZIP	
TITLE	VTD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGIA, ROBERT M.	4.2 NAME	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	4.4 CITY - ST - ZIP	
TITLE	VS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, PETER	5.2 NAME	
STREET ADDRESS	2 PENNSYLVANIA PLZ.	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 0	5.4 CITY - ST - ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EFFINGER, PETER	6.2 NAME	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 0	6.4 CITY - ST - ZIP	

14. I do 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)(b), Florida Statutes. I further certify that the information 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 007, Florida Statutes; and that my name appears in Block 12 or 13 if changed or an attachment with an address.

SIGNATURE: Peter Allen Vice President 408/95 212-868-6143  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Process 2