

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **824528**

1. Corporation Name

OGDEN AVIATION FOOD SERVICES (ALC), INC.

Principal Place of Business

% OGDEN CORPORATION
2 PENN PLAZA - 26TH FLOOR
NEW YORK NY 10121

Mailing Address

% OGDEN CORPORATION
2 PENN PLAZA - 26TH FLOOR
NEW YORK NY 10121

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90011 006 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1970

4. FEI Number

11-1619941

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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE PD ☒ DELETE

NAME **ABLON, R. RICHARD**
STREET ADDRESS **2 PENNSYLVANIA PLAZA**
CITY-ST-ZIP **NEW YORK NY**

TITLE VTD ☒ DELETE

NAME **DIGIA, ROBERT M.**
STREET ADDRESS **2 PENNSYLVANIA PLAZA**
CITY-ST-ZIP **NEW YORK NY**

TITLE V ☒ DELETE

NAME **RAYMOND, ARTHUR V.**
STREET ADDRESS **2 PENNSYLVANIA PLAZA**
CITY-ST-ZIP **NEW YORK NY**

TITLE VSD ☒ DELETE

NAME **ALLEN, PETER**
STREET ADDRESS **2 PENNSYLVANIA PLAZA**
CITY-ST-ZIP **NEW YORK NY**

TITLE V ☒ DELETE

NAME **WATSON, DAVID W**
STREET ADDRESS **2 PENN. PLAZA**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE: Thomas J. Lee 9-10-99 817-792-5550

016170

CR2E034 (5/99)