FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H32769 (2)

1. Corporation Name

OGDEN FACILITY MANAGEMENT CORPORATION OF PENSACO LA

Principal Place of Business

% OGDEN CORP.
2 PENNSYLVANIA PLAZA, 26TH FL
NEW YORK NY 10121

Mailing Address

% OGDEN CORP.
2 PENNSYLVANIA PLAZA, 26TH FL
NEW YORK NY 10121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29
Country: 30

4. FEI Number: 13-3245048 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM
110 N. MAGNOLIA ST.
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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ABLON, R RICHARD
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY ST ZIP	NEW YORK NY
TITLE	V
NAME	ETTER, THOMAS C.
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY ST ZIP	NEW YORK NY
TITLE	V
NAME	ALLEN, PETER
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY ST ZIP	NEW YORK NY
TITLE	S
NAME	EFFINGER, J.L.
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY ST ZIP	NEW YORK NY
TITLE	VTD
NAME	DIGIA, ROBERT M.
STREET ADDRESS	2 PENNSYLVANIA PLAZA
CITY ST ZIP	NEW YORK NY
TITLE	D
NAME	CARAS, [illegible]G.
STREET ADDRESS	2 PENN[illegible]VANIA PLAZA
CITY ST ZIP	NEW Y[illegible] NY

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 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)(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] Jerry Effinger Secretary 4/28/95 212-868-6143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473711 FP