

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90251 043 ***150.00

DOCUMENT # H32769

1. Entity Name

OGDEN FACILITY MANAGEMENT CORPORATION OF PENSACO

Principal Place of Business Mailing Address
 -- OGDEN CORP. % OGDEN CORP.
 2 PENNSYLVANIA PLAZA, 26TH FL. 2 PENNSYLVANIA PLAZA, 26TH FL.
 NEW YORK NY 10121 NEW YORK NY 10121-2600

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **13-3245048** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM
110 N. MAGNOLIA ST.
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

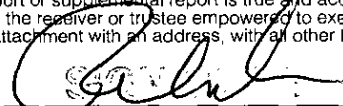
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	☒ Delete		TITLE	PRESIDENT / DIRECTOR	☐ Change	☒ Addition
NAME	ABLON, RICHARD			NAME	JOHN K. MACANIFF		
STREET ADDRESS	2 PENNSYLVANIA PLAZA			STREET ADDRESS	2 PENNSYLVANIA PLAZA		
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP	NEW YORK NY 10121-0032		
TITLE	VPAS	☐ Delete		TITLE	VP/TREASURER / DIRECTOR	☐ Change	☒ Addition
NAME	ETTER, THOMAS C.			NAME	WILLIAM J. METZGER		
STREET ADDRESS	2 PENNSYLVANIA PLAZA			STREET ADDRESS	2 PENNSYLVANIA PLAZA		
CITY-ST-ZIP	NEW YORK NY 10121-0032			CITY-ST-ZIP	NEW YORK NY 10121-0032		
TITLE	VPD	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	ALLEN, PETER			NAME			
STREET ADDRESS	2 PENNSYLVANIA PLAZA			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10121-0032			CITY-ST-ZIP			
TITLE	VTD	☒ Delete		TITLE		☐ Change	☐ Addition
NAME	DIGIA, ROBERT M.			NAME			
STREET ADDRESS	2 PENNSYLVANIA PLAZA			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **PETER ALLEN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 / 31 / 00 (212) 868-6000

Date Daytime Phone #