

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
JENNIFER M. HARRIS  
COMMISSIONER  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

05 MAY - 1 AM 10: 04

DOCUMENT # **P20004 (8)**

**OGDEN ALLIED EASTERN STATES MAINTENANCE CORPORAT  
ION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |                                  |  |    |                                    |  |
|--|----------------------------------|--|----|------------------------------------|--|
| Principal Office Address<br><b>C/O ODGEN CORP.<br/>2 PENN PLAZA - 26TH FLOOR<br/>NEW YORK NY 10121</b> |                                  | Mailing Office<br><b>C/O ODGEN CORP.<br/>2 PENN PLAZA - 26TH FLOOR<br/>NEW YORK NY 10121</b>   |    | Date Filed (With This Report)      |  |
| 3. Date of Incorporation (or Date of<br><b>07/11/1988</b>  |                                  | 3a. Date of Last Report<br><b>05/01/1994</b>   |    | 4. FEI Number<br><b>13-1974380</b> |  |
| 2. Filing Period (Month and Year)<br><b>21</b>   | 2a. Mailing Address<br><b>26</b> | 5. Certificate of Status Desired<br><input type="checkbox"/> Not Applicable  |    | 8.75 Additional Fee Required       |  |
| 22   | 27                               | 6. Custom Campaign Financing<br>Fund Contribution <input type="checkbox"/>   |    | 5.00 May Be Added to Fees          |  |
| 23   | 28                               | 8. The corporation has applied for a franchise fee under the Florida Franchise Act <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |                                    |  |
| 24   | 25                               | 29   | 30 |                                    |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>PRENTICE-HALL CORPORATION SYSTEM, INC.<br/>110 NORTH MAGNOLIA STREET<br/>TALLAHASSEE FL 32301</b> |  |  |  | 10. Name and Address of New Registered Agent |  |
| B1 Name   |  |  |  |  |  |
| B2 Street Address, P.O. Box, Register or Not Applicable   |  |  |  |  |  |
| B3  |  |  |  |  |  |
| B4 City   |  |  |  | FL B5 State                                  |  |

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished in this statement for the purpose of filing the report of the registered officer of the corporation is true and correct to the best of my knowledge and belief. I am authorized by the board of directors of the corporation to file this report and to sign this statement.

| 12. OFFICERS AND DIRECTORS  | 13. APPLICABLE STATES  |
|---|--|
| VAS<br>NAME: ALLEN, PETER<br>ADDRESS: TWO PENNSYLVANIA PLAZA, NEW YORK NY 10121     | <input type="checkbox"/> ALA <input type="checkbox"/> ARIZ <input type="checkbox"/> ARK <input type="checkbox"/> CALIF <input type="checkbox"/> COLO <input type="checkbox"/> CONN <input type="checkbox"/> DEL <input type="checkbox"/> DIST <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> ILL <input type="checkbox"/> IND <input type="checkbox"/> IOWA <input type="checkbox"/> KAN <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> MARY <input type="checkbox"/> MASS <input type="checkbox"/> MICH <input type="checkbox"/> MINN <input type="checkbox"/> MISS <input type="checkbox"/> MO <input type="checkbox"/> NEB <input type="checkbox"/> NEV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> S.C. <input type="checkbox"/> SD <input type="checkbox"/> TENN <input type="checkbox"/> TEX <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WASH <input type="checkbox"/> WIS <input type="checkbox"/> WY |
| PD<br>NAME: ABLON, R. RICHARD<br>ADDRESS: TWO PENNSYLVANIA PLAZA, NEW YORK NY 10121 | <input type="checkbox"/> ALA <input type="checkbox"/> ARIZ <input type="checkbox"/> ARK <input type="checkbox"/> CALIF <input type="checkbox"/> COLO <input type="checkbox"/> CONN <input type="checkbox"/> DEL <input type="checkbox"/> DIST <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> ILL <input type="checkbox"/> IND <input type="checkbox"/> IOWA <input type="checkbox"/> KAN <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> MARY <input type="checkbox"/> MASS <input type="checkbox"/> MICH <input type="checkbox"/> MINN <input type="checkbox"/> MISS <input type="checkbox"/> MO <input type="checkbox"/> NEB <input type="checkbox"/> NEV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> S.C. <input type="checkbox"/> SD <input type="checkbox"/> TENN <input type="checkbox"/> TEX <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WASH <input type="checkbox"/> WIS <input type="checkbox"/> WY |
| VAS<br>NAME: PALMER, ISAAC<br>ADDRESS: TWO PENNSYLVANIA PLAZA, NEW YORK NY 10121    | <input type="checkbox"/> ALA <input type="checkbox"/> ARIZ <input type="checkbox"/> ARK <input type="checkbox"/> CALIF <input type="checkbox"/> COLO <input type="checkbox"/> CONN <input type="checkbox"/> DEL <input type="checkbox"/> DIST <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> ILL <input type="checkbox"/> IND <input type="checkbox"/> IOWA <input type="checkbox"/> KAN <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> MARY <input type="checkbox"/> MASS <input type="checkbox"/> MICH <input type="checkbox"/> MINN <input type="checkbox"/> MISS <input type="checkbox"/> MO <input type="checkbox"/> NEB <input type="checkbox"/> NEV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> S.C. <input type="checkbox"/> SD <input type="checkbox"/> TENN <input type="checkbox"/> TEX <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WASH <input type="checkbox"/> WIS <input type="checkbox"/> WY |
| V<br>NAME: GALL, JAMES<br>ADDRESS: TWO PENNSYLVANIA PLAZA, NEW YORK NY 10121        | <input type="checkbox"/> ALA <input type="checkbox"/> ARIZ <input type="checkbox"/> ARK <input type="checkbox"/> CALIF <input type="checkbox"/> COLO <input type="checkbox"/> CONN <input type="checkbox"/> DEL <input type="checkbox"/> DIST <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> ILL <input type="checkbox"/> IND <input type="checkbox"/> IOWA <input type="checkbox"/> KAN <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> MARY <input type="checkbox"/> MASS <input type="checkbox"/> MICH <input type="checkbox"/> MINN <input type="checkbox"/> MISS <input type="checkbox"/> MO <input type="checkbox"/> NEB <input type="checkbox"/> NEV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> S.C. <input type="checkbox"/> SD <input type="checkbox"/> TENN <input type="checkbox"/> TEX <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WASH <input type="checkbox"/> WIS <input type="checkbox"/> WY |
| VT<br>NAME: DIGIA, ROBERT M.<br>ADDRESS: TWO PENNSYLVANIA PLAZA, NEW YORK NY 10121  | <input type="checkbox"/> ALA <input type="checkbox"/> ARIZ <input type="checkbox"/> ARK <input type="checkbox"/> CALIF <input type="checkbox"/> COLO <input type="checkbox"/> CONN <input type="checkbox"/> DEL <input type="checkbox"/> DIST <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> ILL <input type="checkbox"/> IND <input type="checkbox"/> IOWA <input type="checkbox"/> KAN <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> MARY <input type="checkbox"/> MASS <input type="checkbox"/> MICH <input type="checkbox"/> MINN <input type="checkbox"/> MISS <input type="checkbox"/> MO <input type="checkbox"/> NEB <input type="checkbox"/> NEV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> S.C. <input type="checkbox"/> SD <input type="checkbox"/> TENN <input type="checkbox"/> TEX <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WASH <input type="checkbox"/> WIS <input type="checkbox"/> WY |
| AS<br>NAME: EFFINGER, J.L.<br>ADDRESS: TWO PENNSYLVANIA PLAZA, NEW YORK NY 10121    | <input type="checkbox"/> ALA <input type="checkbox"/> ARIZ <input type="checkbox"/> ARK <input type="checkbox"/> CALIF <input type="checkbox"/> COLO <input type="checkbox"/> CONN <input type="checkbox"/> DEL <input type="checkbox"/> DIST <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> ILL <input type="checkbox"/> IND <input type="checkbox"/> IOWA <input type="checkbox"/> KAN <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> MARY <input type="checkbox"/> MASS <input type="checkbox"/> MICH <input type="checkbox"/> MINN <input type="checkbox"/> MISS <input type="checkbox"/> MO <input type="checkbox"/> NEB <input type="checkbox"/> NEV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> S.C. <input type="checkbox"/> SD <input type="checkbox"/> TENN <input type="checkbox"/> TEX <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WASH <input type="checkbox"/> WIS <input type="checkbox"/> WY |

14. I, the undersigned, certify that the information furnished in this report is true and correct to the best of my knowledge and belief. I am authorized by the board of directors of the corporation to file this report and to sign this statement.

SIGNATURE Peter Allen, Vice President 4/27/95 212-868-6143  
SIGNATURE AND PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR