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# FILED
# May 14 1997 8:00am
# Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

**DOCUMENT # F92000000857 (4)**

1. Corporation Name

**OGDEN RESOURCE RECOVERY SUPPORT SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| **TWO PENNSYLVANIA PLAZA**<br>**NEW YORK NY 10121-0032** | **TWO PENNSYLVANIA PLAZA**<br>**NEW YORK NY 10121-0032** |

3. Date Incorporated or Qualified: **12/24/1992**
3a. Date of Last Report: **04/30/96**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **13-3560729** ☐ 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, INC.**
**10 NORTH MAGNOLIA STREET**
**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent, and title if applicable

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **DP**<br>**ABLON, R.R.**<br>**TWO PENNSYLVANIA PLAZA**<br>**NEW YORK NY 10121-0032** ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **VT**<br>**DIGIA, ROBERT**<br>**TWO PENNSYLVANIA PLAZA**<br>**NEW YORK NY 10121-0032** ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **VS**<br>**ALLEN, PETER**<br>**TWO PENNSYLVANIA PLAZA**<br>**NEW YORK NY 10121-0032** ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **V**<br>**NELSON, GEORGE**<br>**40 LANE ROAD**<br>**FAIRFIELD NJ** ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **AS**<br>**EFFINGER, J.L.**<br>**TWO PENNSYLVANIA PLAZA**<br>**NEW YORK NY 10121-0032** ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **D**<br>**CARAS, G.**<br>**TWO PENNSYLVANIA PLAZA**<br>**NEW YORK NY 10121-0032** ☒ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

5/14/97

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CR2E034 (9/96)

14. I do hereby certify that no 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:** A. J. Effinger **ASST SECT.** **JL EFFINGER** 4/25 /97 **(212) 868-4331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number