

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90057 009 ***150.00

DOCUMENT # F98000002547

1. Entity Name

OGDEN TECHNICAL SERVICES CO, INC.

Principal Place of Business

Mailing Address

**4455 BROOKFIELD CORPORATE DRIVE
 SUITE 100
 CHANTILLY VA 20151
 US**

~~0/O OGDEN CORP 2 PENN PLAZA
 26 FLOOR TAX DEPT
 NEW YORK NY 10121
 US~~

00058492



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address **OGDEN ENERGY
 40 LANE ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FAIRFIELD NJ 07007-2615

4. FEI Number

54-1694984

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 **DP** Delete
 NAME **SANGER, HENRY L**
 STREET ADDRESS **4455 BROOKFIELD CORP DRIVE, SUITE 100**
 CITY-ST-ZIP **CHANTILLY VA 20151**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **HOROWITZ, JEFFREY R**
 STREET ADDRESS **40 LANE ROAD**
 CITY-ST-ZIP **FAIRFIELD NJ 07007-2615**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **PROVINCE, SHARON G**
 STREET ADDRESS **5510 MOREHOUSE DR.**
 CITY-ST-ZIP **SAN DIEGO CA 92121**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME ~~O'BRIEN, DENNIS P~~
 STREET ADDRESS **4455 BROOKFIELD CORP. DRIVE, SUITE 100**
 CITY-ST-ZIP **CHANTILLY VA 20151**

TITLE **TREASURER** Change Addition
 NAME **FRANK W. HEGAN**
 STREET ADDRESS **4455 BROOKFIELD CORP. DRIVE, SUITE 100**
 CITY-ST-ZIP **CHANTILLY VA 20151**

TITLE **V** Delete
 NAME ~~WANCE, DENNIS M~~
 STREET ADDRESS **4455 BROOKFIELD CORP DRIVE, SUITE 100**
 CITY-ST-ZIP **CHANTILLY VA 20151**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

/ /00 (212) 868-6000

CR2E034 (9/99)