

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90009 021 ***150.00

DOCUMENT # 820847

1. Entity Name

OGDEN ALLIED MAINTENANCE CORPORATION

Principal Place of Business

**C/O OGDEN CORPORATION
 2 PENNSYLVANIA PLAZA, 26TH FLOOR
 NEW YORK NY 10121**

Mailing Address

**C/O OGDEN CORPORATION
 2 PENNSYLVANIA PLAZA, 26TH FLOOR
 NEW YORK NY 10121**

2. Principal Place of Business

**C/O Covanta Energy Corp
 Suite, Apt. #, etc.
 40 Lane Road**

3. Mailing Address

**C/O Covanta Energy Corp
 Suite, Apt. #, etc.
 40 Lane Rd**

City & State

Fairfield NJ

City & State

Fairfield NJ

Zip

07007-2615

Country

US

Zip

07007-2615

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-5565939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
 1201 HAYES ST
 STE 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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKIN, SCOTT G 2 PENNSYLVANIA PLAZA NEW YORK NY 10121-0032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT METZGER, WILLIAM J 2 PENNSYLVANIA PLAZA NEW YORK NY 10121-0032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WERBEL, STEPHEN K. 2 PENNSYLVANIA PLAZA NEW YORK NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ALLEN, PETER 2 PENN PLAZA NEW YORK NY 10121-0032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EPPINGER, J.L 2 PENN PLAZA NEW YORK NY 10121-0032	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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 #