

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F92000000857 (4)**  
 1. Corporation Name  
**OGDEN RESOURCE RECOVERY SUPPORT SERVICES, INC.**



Principal Place of Business <b>TWO PENNSYLVANIA PLAZA NEW YORK NY 10121</b>	Mailing Address <b>TWO PENNSYLVANIA PLAZA NEW YORK NY 10121</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/24/1992</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>13-3560729</b>	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>THE PRENTICE HALL CORPORATION SYSTEM, INC. 10 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent <b>THE PTENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>	
81 Name		85 Zip Code	

**SAME AGENT  
JUST CHANGE OF ADDRESS**

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ABLON, R R TWO PENNSYLVANIA PLAZA NEW YORK NY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VT DIGIA, ROBERT TWO PENNSYLVANIA PLAZA NEW YORK NY	2.1 TITLE	VICE PRESIDENT/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	DIRECTOR
STREET ADDRESS		2.3 STREET ADDRESS	DIGIA, ROBERT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TWO PENNSYLVANIA PLAZA NEW YORK NY
TITLE	VS ALLEN, PETER TWO PENNSYLVANIA PLAZA NEW YORK NY 10121	3.1 TITLE	VICE PRESIDENT/SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	DIRECTOR
STREET ADDRESS		3.3 STREET ADDRESS	ALLEN, PETER
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TWO PENNSYLVANIA PLAZA NEW YORK NY
TITLE	V NELSON, GEORGE 40 LANE ROAD FAIRFIELD NJ	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS EFFINGER, J. L. 2 PENN PLAZA NEW YORK NY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, changed, or on an attachment with an address.

SIGNATURE  **PETER ALLEN** VICE PTESIDENT 4 / 2 /98 (212) 868-4331

CR2E034 (10/97)