

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90066 037 ***150.00

DOCUMENT # F92000000857

1. Entity Name
COVANTA ENERGY SERVICES, INC.

Principal Place of Business

**TWO PENNSYLVANIA PLAZA
 NEW YORK NY 10121**

Mailing Address

**%OGDEN ENERGY
 40 LANE RD
 FAIRFIELD NJ 07007-2615**

2. Principal Place of Business

40 Lane Road

Suite, Apt. #, etc.

3. Mailing Address

C/O Covanta Energy Corp.

Suite, Apt. #, etc.

City & State

Fairfield NJ

City & State

Fairfield NJ

Zip

07007

Country

USA

Zip

07007

Country

USA

4. FEI Number

13-3560729

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 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.**

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MACKIN, SCOTT G	
STREET ADDRESS	TWO PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPTD	<input checked="" type="checkbox"/> Delete
NAME	METZGER, WILLIAM J	
STREET ADDRESS	TWO PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, PETER	
STREET ADDRESS	TWO PENNSYLVANIA PLAZA	
CITY-ST-ZIP	NEW YORK NY 10121	
TITLE	V	<input type="checkbox"/> Delete
NAME	NELSON, GEORGE	
STREET ADDRESS	40 LANE ROAD	
CITY-ST-ZIP	FAIRFIELD NJ	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	EFFINGER, J. L.	
STREET ADDRESS	2 PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mackin, Scott	
STREET ADDRESS	40 Lane Road	
CITY-ST-ZIP	Fairfield NJ 07007	
TITLE	Walters, Louis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer	
STREET ADDRESS	40 Lane Road	
CITY-ST-ZIP	Fairfield NJ 07007	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Stone	
STREET ADDRESS	40 Lane Road	
CITY-ST-ZIP	Fairfield NJ 07007	
TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey Horowitz	
STREET ADDRESS	40 Lane Road	
CITY-ST-ZIP	Fairfield NJ 07007	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

LOUIS M. WALTERS

4/2/02

Date

Office Phone #

973-882-7097

CR2E034 (9/01)