## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

Principal Place of Business

F93000003302

Mailing Address

OGDEN AVIATION SERVICE INTERNATIONAL CORPORATION



FILED Apr 01, 2003 8:00 am Secretary of State

04-01-2003 90045 010 \*\*\*150.00

C/O COVANTA ENERGY CORP 40 LANE ROAD FAIRFIELD NJ 07007-2615			40 L FAIR	C/O ČOVANTA ENERGY CORP 40 LANE ROAD FAIRFIELD NJ 07007-2615				
2. Principal Place of Business			3. Ma	3. Mailing Address				
Suite, Apt.	#, etc.		Sui	Suite, Apt. #, etc.				🔀 CHECK HERE IF MAKING CHANGES
City & Stat	te		City	City & State				4. FEI Number 13-5565926 Applied For Not Applicable
Zip	Zip Country			Zip C		Country 5.		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent		
THE PREI 1201 HAY STE. 105	TEM, INC			Name Street Address (P.O. Box Number is Not Acceptable)				
	SSEE FL 3				City FL Zip Code			
the obligat	signature, typed	ered agent.  or printed name of registered age			·		registered a	agent, or both, in the State of Florida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							_	9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees
10.		OFFICERS AN	D DIRECTO	ORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKIN, 40 LANE FAIRFIELL							☐ Change ☐ Addition ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WERBEL, STEPHEN K 40 LANE ROAD FAIRFIELD NJ 07007-2615			□ Delete				☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VPTD Delete METZGER, WILLIAM J 40 LANE ROAD FAIRFIELD NJ 07007-2615				1//1/		REASUMER Change Addition Am KEVEAIN Change Addition INC. ADDITION OF 1007-2615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALLEN, PI 40 LANE FAIRFIELL			□ Delete				☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete				☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition
indicated of the cor	l on this repol poration or th	rt or supplemental report	is true and cowered to	accurate and that recent	ny signat as requi	ture shall h	ave the sam	on 119.07(3)(i), Florida Statutes. I further certify that the information ne legal effect as if made under oath; that I am an officer or director lorida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

973 - 863 - 7007)
Daytirne Phone #