

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

PROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90087 010 ***150.00

DOCUMENT #

1. Corporation Name

F98000000262

OGDEN WASTE SOLUTIONS, INC.

Principal Place of Business

40 LANE ROAD
FAIRFIELD NJ 07007-2615

Mailing Address

40 LANE ROAD
FAIRFIELD NJ 07007-2615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

DECEMBER 22, 1997

4. FEI Number

22-3557169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

25

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY USA
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT/DIRECTOR ☐ DELETE

NAME SCOTT G. MACKIN

STREET ADDRESS 2 PENN PLAZA

CITY-ST-ZIP NEW YORK NY 10121-0032

TITLE EVP ☐ DELETE

NAME BRUCE W. STONE

STREET ADDRESS 40 LANE ROAD

CITY-ST-ZIP FAIRFIELD NJ 07007-2615

TITLE TREASURER ☐ DELETE

NAME WILLIAM E. WHITMAN

STREET ADDRESS 40 LANE ROAD

CITY-ST-ZIP FAIRFIELD NJ 07007-2615

TITLE SECRETARY ☐ DELETE

NAME JEFFREY R. HOROWITZ

STREET ADDRESS 40 LANE ROAD

CITY-ST-ZIP FAIRFIELD NJ 07007-2615

TITLE ASSISTANT SECRETARY ☐ DELETE

NAME J.L. EFFINGER

STREET ADDRESS 2 PENN PLAZA

CITY-ST-ZIP NEW YORK NY 10121-0032

TITLE ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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

3128100 (212) 868-6000

Daytime Phone #

CR2E034 (11/98)