

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**  
 05-16-2002 90066 036 \*\*\*150.00

**DOCUMENT # F98000000262**

1. Entity Name  
**COVANTA WASTE SOLUTIONS, INC.**

Principal Place of Business

**40 LANE ROAD, CN-2615  
 FAIRFIELD NJ 07007-2615  
 US**

Mailing Address

**2 PENN PLAZA, 26PL  
 TAX DEPARTMENT  
 NEW YORK NY 10121-0032  
 US**

2. Principal Place of Business

*Covanta Energy Corp*  
 Suite, Apt. #, etc.

3. Mailing Address

*40 Lane Road*  
 Suite, Apt. #, etc.

City & State

City & State

*NJ*

4. FEI Number

**22-3557169**

Applied For

Not Applicable

Zip

Country

Zip

Country

*07007-2615*

*U.S.*

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ABLON, R. RICHARD 2 PENN PLAZA NEW YORK NY 10121 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKIN, SCOTT G 40 LANE ROAD FAIRFIELD NJ 07007-2615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP STONE, BRUCE W 40 LANE ROAD FAIRFIELD NJ 07007-2615 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRANE, GARY K 40 LANE ROAD FAIRFIELD NJ 07007-2615 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOROWITZ, JEFFREY R 40 LANE ROAD FAIRFIELD NJ 07007 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EFFINGER, J.L. 2 PENN PLAZA NEW YORK NY 10121 <input checked="" type="checkbox"/> Delete

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	Treasurer Louis Walters <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 Lane Road Fairfield NJ 07007-2615
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

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

Daytime Phone #

CR2E034 (9/01)