

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90291 036 ***150.00

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1. Entity Name
COVANTA WASTE SOLUTIONS, INC.



Principal Place of Business
IOVANTA ENERGY CORP
40 LANE ROAD
FAIRFIELD NJ 07007-2615
US

Mailing Address
IOVANTA ENERGY CORP
40 LANE ROAD
FAIRFIELD NJ 07007-2615
US

2. Principal Place of Business
COVANTA ENERGY CORP, 40 LANE RD
Suite, Apt. #, etc.

3. Mailing Address
COVANTA ENERGY CORP, 40 LANE RD
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
FAIRFIELD, NJ
Zip
07007-2615

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FAIRFIELD, NJ
Zip
07007-2615

4. FEI Number **22-3557169**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MACKIN, SCOTT G	
STREET ADDRESS	40 LANE ROAD	
CITY-ST-ZIP	FAIRFIELD NJ 07007-2615	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	STONE, BRUCE W	
STREET ADDRESS	40 LANE ROAD	
CITY-ST-ZIP	FAIRFIELD NJ 07007-2615	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALTERS, LOUIS	
STREET ADDRESS	40 LANE ROAD	
CITY-ST-ZIP	FAIRFIELD NJ 07007-2615	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOROWITZ, JEFFREY R	
STREET ADDRESS	40 LANE ROAD	
CITY-ST-ZIP	FAIRFIELD NJ 07007	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)