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

## F98000000262 **DOCUMENT #**

COVANTA WASTE SOLUTIONS, INC.



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

03-31-2003 90291 036 \*\*\*150.00

1. Entity Name

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

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

1 10 1110 1111 (010	. 1 <b>0</b> 474 <b>00</b> 714 <b>00</b> 447 <b>00</b> 444	8.8101   1.8011   8.811.8   11.811	

Sulfo, Apl. #, etc.   CHECK HERE IF MAKING CHANGES   Application   CHECK HERE IF MAKING CHANGES   Application   CHECK HERE IF MAKING CHANGES   Application	COVANTA	ENERGY COAP, 40 LANE 1	D COUNTA ENERS	A CORK, 40 LA	NE RD.				
COMPONATION SERVICE COMPANY 1201 JAVS STREET TALLANSSEE FL 32301-2525  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, and address of New Registered Agent.  CITY FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAKE STRET ADDRESS  OTY-51-2P  MACKIN, SCOTT G  M	Suite, Apt.								
COMPONATION SERVICE COMPANY 1201 JAVS STREET TALLANSSEE FL 32301-2525  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, and address of New Registered Agent.  CITY FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAKE STRET ADDRESS  OTY-51-2P  MACKIN, SCOTT G  M	FAIRFIELD, NO FAIRFIELD N		T	4. FEI Numb	FEI Number <b>22-3557169</b>				
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip 07007		Zip		5. Certificat	e of Status Desired			
CORPORATION SERVICE COMPANY 1201   JAXYS STREET TALLAHASSEE FL 32301-2525  **  **  **  **  **  **  **  **  **	····	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New Registered	Agent		
1201 HAYS STREET   TALLAHASSEE FL 32301-2525   City   FL   Zio Code				Name					
TALLAHASSEE FI. 32301-2525  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent and the displaced.  **SIGNATURE**    **TILE** NOW!!!**   FEE IS \$150.00   **After May 1, 2003 Fee will be \$550.00   **Make Check Payable to Florida Department of State**   **10.				Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE							<del> </del>	,	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE		<b>a.</b> :		City			7:- 0	-	
SIGNATURE Spreadure, hybrid to province name of registered agent and life if applicative. (NOTE Registered Agent spreadure removed when relocatoring).  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  MACKIN, SCOTT G MACKING G MACKIN, SCOTT G MACKING G MACKIN, SCOTT G MACKING G MACKI	<u>,</u>	,					٠		
Signature, byward or printed many of registerine digrets and line if application.   (NOTE Registerine Agent any nature) in the property of t			the purpose of changing its re	egistered office or reg	istered agent, or bo	oth, in the State of Florida. I am	familiar with,	and accept	
After May 1, 2003 Fee will be \$550.00 May Be Added to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  MACKIN, SCOTT G  MACKIN G  MACKIN G  MACK	SIGNATURE .	. Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I	Registered Agent signature re-	quired when reinstating)	DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-S	Afte	May 1, 2003 Fee will be \$550.00	State	,		· · ·			
MACKIN, SCOTT G 40 LANE ROAD FAIRFIELD NJ 07007-2615  TITLE STORES ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRE	10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	MACKIN, SCOTT G 40 LANE ROAD	☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	STONE, BRUCE W 40 LANE ROAD	☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	40 LANE ROAD	□ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS	HOROWITZ, JEFFREY R 40 LANE ROAD	☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME Street address			☐ Change	Addition	
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	NAME STREET ADDRESS CITY-ST-ZIP	partify that the information available with		NAME STREET ADDRESS CITY-ST-ZIP	n Section 110 07/0	Vi) Clorido Ctatata - 14 ata			

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:**