

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002547

1. Entity Name

OGDEN TECHNICAL SERVICES CO, INC.

FILED

Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90057 009 \*\*\*150.00

Principal Place of Business

4455 BROOKFIELD CORPORATE DRIVE  
SUITE 100  
CHANTILLY VA 20151  
US

Mailing Address

~~G/O OGDEN CORP 2 PENN PLAZA-~~  
~~26 FLOOR TAX DEPT~~  
~~NEW YORK NY 10121~~  
~~US~~

2. Principal Place of Business

3. Mailing Address **OGDEN ENERGY**  
**40 LANE ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**FAIRFIELD NJ 07007-2615**

4. FEI Number

**54-1694984**

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

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, 2000 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	SANGER, HENRY L	
STREET ADDRESS	4455 BROOKFIELD CORP DRIVE, SUITE 100	
CITY-ST-ZIP	CHANTILLY VA 20151	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOROWITZ, JEFFREY R	
STREET ADDRESS	40 LANE ROAD	
CITY-ST-ZIP	FAIRFIELD NJ 07007-2615	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PROVINCE, SHARON G	
STREET ADDRESS	5510 MOREHOUSE DR.	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	<del>O'BRIEN, DENNIS P</del>	
STREET ADDRESS	4455 BROOKFIELD CORP. DRIVE, SUITE 100	
CITY-ST-ZIP	CHANTILLY VA 20151	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	<del>WANCE, DENNIS M</del>	
STREET ADDRESS	4455 BROOKFIELD CORP DRIVE, SUITE 100	
CITY-ST-ZIP	CHANTILLY VA 20151	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK W. HEGAN	
STREET ADDRESS	4455 BROOKFIELD CORP. DRIVE, SUITE 100	
CITY-ST-ZIP	CHANTILLY VA 20151	
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		

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

Date

(212) 868-6000

Daytime Phone #

CR2E034 (9/99)