

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90357 050 ***150.00

845154

DO NOT WRITE IN THIS SPACE

DOCUMENT # <u>FA 8000004468</u>			
1. Entity Name			
COVANTA WATER TREATMENT SERVICES, INC.			
Principal Place of Business		Mailing Address	
40 LANE ROAD		FAIRFIELD NJ 07007-2615	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For	
13-3807441		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE, FL 32301			
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 _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	EVP/TREASURER <input type="checkbox"/> Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	WILLIAM E. WHITMAN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	40 LANE ROAD	NAME	
CITY - ST - ZIP	FAIRFIELD, NJ 07007-2615	STREET ADDRESS	
TITLE	PRESIDENT <input type="checkbox"/> Delete	CITY - ST - ZIP	
NAME	SCOTT G. MACKIN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	40 LANE ROAD	NAME	
CITY - ST - ZIP	FAIRFIELD, NJ 07007-2615	STREET ADDRESS	
TITLE	EVP/SECRETARY <input type="checkbox"/> Delete	CITY - ST - ZIP	
NAME	JEFFREY R. HOROWITZ	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	40 LANE ROAD	NAME	
CITY - ST - ZIP	FAIRFIELD, NJ 07007-2615	STREET ADDRESS	
TITLE	VP/TREASURER <input type="checkbox"/> Delete	CITY - ST - ZIP	
NAME	LOUIS WALTERS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	40 LANE ROAD	NAME	
CITY - ST - ZIP	FAIRFIELD, NJ 07007-2615	STREET ADDRESS	
TITLE	VP <input type="checkbox"/> Delete	CITY - ST - ZIP	
NAME	BRUCE STONE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	40 LANE ROAD	NAME	
CITY - ST - ZIP	FAIRFIELD, NJ 07007-2615	STREET ADDRESS	
TITLE	AS <input checked="" type="checkbox"/> Delete	CITY - ST - ZIP	
NAME	J.L. EFFINGER	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	40 LANE ROAD	NAME	
CITY - ST - ZIP	FAIRFIELD, NJ 07007-2615	STREET ADDRESS	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>[Signature]</u>		LOUIS WALTERS 4/27/01 973 882-9000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (11/00)