Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please. **

Ema:	i٦	Address	•	

REGISTERED AGENT CHANGE COVANTA WATER SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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COVER LETTER

TO:	Amendment Sec Division of Cor	ction porations			
SUBJ	ect:	Covanta Water Sy	stoms, Inc.		
		Name of (Corporation		
DOC	UMENT NUMBE	CR:F9	9000005557		
The or	closed Statement	of Change of Registered Offic	e/Agent and fee are submitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
		Name of Co	ntact Person		
	опрану				
	Address				
City/State and Zip Code					
		jgross@covan	menergy.com		
	E-m	ail address: (to be used for t	inure annual report notification)		
For fu	rther information	concerning this matter, please	call:		
			at () Area Code & Daytime Telephone		
	Name of	Contact Person	Area Code & Daytime Telephone	Number	
Enclos	sed is a \$35.00 che	eck made payable to the Depar	iment of State.		
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cin Tallahassee, FL 32301	cle	

CR2E045 (\$/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Flortd statement of change is submitted for a corporation organized under the laws of the State of	
in order to change its registered office or registered agent, or both, in the State of	f Florida.
1. The name of the corporation: Covanta Water Systems, Inc.	
2. The principal office address: C/O COVANTA ENERGY CORP 40 LANE RD FAIRFIL	eld NJ 07004
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10/27/1999 Document number:	F99000005557
5. The name and street address of the current registered agent and registered office on file Florida Department of State: (If resigned, enter resigned)	with the
CORPORATION SERVICE COMPANY	
1201 HAYS STREET, SUITE 105	
Tallahassee fl 32301	_ 5
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):	JAN 27
C T Corporation System	
c/o C T Corporation System, 1200 South Pine Island Road	
P.O. Box NOV acceptable	_ ့
Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of as changed will be identical.	fits registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change.	an officer so
Cuttory hilausi Anthony LiCausi, Vic	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and a first and accept the obligation of my position as registed document is being filed merely to reflect a change in the registered office address, I had corporation has been notified in writing of this change. C T Corporation System	
By: 1/19/2010	
Signature of Rogistory Agests Date	
If signing on behalf of an entity: Samantha Jones, Assistant Secretary for CT Corporation System	
Typed or Printed Name * * * FILING FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314 crzeo45 (8/05)