

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L53388

1. Entity Name

OGDEN MARTIN SYSTEMS OF LEE, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90054 042 ***150.00

Principal Place of Business

C/O OGDEN CORP. 2 PENN PLAZA
26TH FL.
NEW YORK NY 10121
US

Mailing Address

C/O OGDEN ENERGY
40 LAKE RD
FAIRFIELD NJ 04007-2615
US

2. Principal Place of Business

c/o Covanta Energy

Suite, Apt. #, etc.

40 Lane Road

City & State

Fairfield, NJ

Zip

07007-2615

Country

US

3. Mailing Address

c/o Covanta Energy

Suite, Apt. #, etc.

40 Lane Road

City & State

Fairfield, NJ

Zip

07007-2615

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3557826

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS HOROWITZ, JEFFREY R 40 LANE RD FAIRFIELD NJ | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT WHITMAN, WILLIAM, E 40 LANE RD FAIRFIELD NJ | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MACKIN, SCOTT G. % 40 LANE ROAD FAIRFIELD NJ | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STONE, BRUCE, W % 40 LANE ROAD FAIRFIELD NJ | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS EFFINGER, J., L. 2 PENNSYLVANIA PLAZA NEW YORK NY | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

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

04/20/01
Date

973-882-9000
Daytime Phone #

CR2E034 (10/00)