

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90112 016 \*\*\*150.00

**DOCUMENT # M26627**

1. Entity Name

**OGDEN CONSTRUCTORS, INC.**

Principal Place of Business

Mailing Address

**4455 BROOKFIELD CORPORATE DRIVE  
 SUITE 100  
 CHANTILLY VA 20151  
 US**

**C/O OGDEN CORP. W PENN PLAZA  
 26 FLOOR, TAX DEPT  
 NEW YORK NY 10121**

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**

Zip

Country

Zip

Country

4. FEI Number

**59-2661991**

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  
 1201 HAYES 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	<del>TD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>O'BRIEN, DENNIS P</del>	
STREET ADDRESS	<del>4455 BROOKFIELD CORP DRIVE, SUITE 100</del>	
CITY-ST-ZIP	<del>CHANTILLY VA 20151</del>	
TITLE	PD	<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	SVP	<input type="checkbox"/> Delete
NAME	PUGH, THOMAS A	
STREET ADDRESS	4455 BROOKFIELD CORP DRIVE, SUITE 100	
CITY-ST-ZIP	CHANTILLY VA 20151	
TITLE	<del>VP</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>WANCE, DENNIS M</del>	
STREET ADDRESS	<del>4455 BROOKFIELD CORP DRIVE, SUITE 100</del>	
CITY-ST-ZIP	<del>CHANTILLY VA 20151</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK W. HEGAN	
STREET ADDRESS	4455 BROOKFIELD CORPORATE 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		
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

/ 00 (212) 868-6000

Daytime Phone #

CR2E034 (9/99)