Page 1 of 2

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 Fax Number

: (850)222-1092 : (850)878-5368

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

REGISTERED AGENT CHANGE COVANTA PASCO, INC.

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

GENARA JAN 27 2010

COVER LETTER

| TO: | Amendment Division of (| Section Corporations | | |
|--------|----------------------------|---|--|--------------|
| SUBJ | ECT: | Covanta Pa | sco, Inc. | |
| | - , , | Name of | Corporation | - |
| DOC | UMENT NUM | BER: | M67467 | _ |
| The er | closed Statem | ent of Change of Registered Off | ice/Agent and fee are submitted for | filing. |
| | | espondence concerning this mat | | • |
| | | | | |
| | • | Name of C | ontact Person | - |
| | - | Firm/ | Company | - |
| | | 1 10,000 | Jonepany | |
| | • | Ac | dress | ~ |
| | | | | |
| | _ | City/State | and Zip Code | - |
| | _ | jgross@cova | ntaenergy.com | |
| | Ē | -mail address: (to be used for | future annual report notification |) |
| For fu | ther informatio | on concerning this matter, please | call: | |
| | | | at () Area Code & Daytime Tele | |
| | Name | of Contact Person | Area Code & Daytime Tele | phone Number |
| Enclos | ed is a \$35.00 | check made payable to the Depa | riment of State. | |
| | | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassec, FL 3230 | r Circle |

CR2E045 (K/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $\,\cdot\,$ FOR CORPORATIONS

| | 6 3 | Covanta Pasco, Inc. | |
|--------------------------------|---|--|--|
| | of the corporation: | | · · · · · · · · · · · · · · · · · · · |
| 2. The princip | pal office address: 40 LANE RD FA | [KT1EL,]) N3 (7)004 | |
| 3. The mailin | ig address (if different): C/O COVAN | TA ENERGY CORP. 40 LANE RD FAIRFIELD | D NJ 07004 |
| 4. Date of inc | corpuration/qualification: 02/09 | 9/1988 Document number: | M67467 |
| 5. The name : Florida De | and street address of the current regis partment of State: (If resigned, enter | stered agent and registered office on file with the resigned) | |
| | THE PRENTICE-HALL CORPOR | ration system, inc. | |
| | 1201 HAYS STREET, SUITE 105 | | |
| | TALLAHASSEE FL 32301 | | Fight _ |
| 6. The name : (if changed | | ed agent (if changed) and /or registered office | |
| | C T Corporation System | | 122 |
| | c/o CT Corporation System, 1200 | South Pine Island Road | 29 |
| | · | Box NOT acceptable | The state of the s |
| | Plantation, Florida 33324 | | |
| I'he street ad as changed w | dress of its registered office and the vill be identical. | street address of the business office of its reg | istered agent, |
| ouch change suthorized by | was authorized by resolution duly the board, or the corporation has b | adopted by its board of directors or by an officeen notified in writing of the change. | cer so |
| min | aller of the or director | Anthony LiCausi, Vice Presid | kot |
| | 7 | gent and agree to act in this capacity, all statutes relative to the proper and complet to obligation of my position as registered ag- ge in the registered office address, I hereby co- change. | e performance ent. Or, if this infirm that the |
| | dangelly- | 1/19/2010 | |
| Ву: | Signature of Registered Agent | Date | |
| By: | William of Kramerico Agen | | |
| If signing on | behalf of an entity: | | |

* * * FILING FEE: \$35,00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)