

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90251 038 ***150.00

DOCUMENT # M98222

1. Entity Name
NRG/RECOVERY GROUP, INC.

Principal Place of Business C/O OGDEN CORP. 2 PENN PLAZA 26TH FLOOR NEW YORK NY 10121	Mailing Address C/O OGDEN CORP. 2 PENN PLAZA 26TH FLOOR NEW YORK NY 10121-2600
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address OGDEN ENERGY 40 LANE ROAD Suite, Apt. #, etc. FAIRFIELD NJ 07007-2615
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City & State	City & State	4. FEI Number 13-3482491	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 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 _____ (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 IN 11	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ABLON, R RICHARD		NAME	
STREET ADDRESS %OGDEN CORP.,2 PENN.PLZA		STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY		CITY-ST-ZIP	
TITLE VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITMAN, WILLIAM E		NAME	
STREET ADDRESS 40 LANE ROAD		STREET ADDRESS	
CITY-ST-ZIP FAIRFIELD NJ		CITY-ST-ZIP	
TITLE VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOROWITZ, JEFFREY R.		NAME	
STREET ADDRESS OGDEN PROJ 40 LN RD		STREET ADDRESS	
CITY-ST-ZIP FAIRFIELD NJ		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MACKIN, SCOTT G.		NAME	
STREET ADDRESS % OGDEN PROJECT 40 LN RD		STREET ADDRESS	
CITY-ST-ZIP FAIRFIELD NJ		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STONE, BRUCE W.		NAME	
STREET ADDRESS % OGDEN PROJECT 40 LN RD		STREET ADDRESS	
CITY-ST-ZIP FAIRFIELD NJ		CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EFFINGER, J. L.		NAME	
STREET ADDRESS % OGDEN CORP 2 PENN PLZ		STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY		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: William Whitman **RED** 3/28/00 (212) 868-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FORM APPROVED 1/2