

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98222

1. Entity Name

NRG/RECOVERY GROUP, INC.

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

04-18-2000 90251 038 ***150.00

Principal Place of Business

Mailing Address

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

~~C/O OGDEN CORP.~~
~~2 PENN PLAZA 26TH FLOOR~~
~~NEW YORK NY 10121-2600~~

2. Principal Place of Business

3. Mailing Address **OGDEN ENERGY**
40 LANE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FAIRFIELD NJ 07007-2615

City & State

City & State

4. FEI Number

13-3482491

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 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
NAME	ABLON, R RICHARD	
STREET ADDRESS	%OGDEN CORP., 2 PENN. PLZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VT	<input type="checkbox"/> Delete
NAME	WHITMAN, WILLIAM E	
STREET ADDRESS	40 LANE ROAD	
CITY-ST-ZIP	FAIRFIELD NJ	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HOROWITZ, JEFFREY R.	
STREET ADDRESS	OGDEN PROJ 40 LN RD	
CITY-ST-ZIP	FAIRFIELD NJ	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MACKIN, SCOTT G.	
STREET ADDRESS	% OGDEN PROJECT 40 LN RD	
CITY-ST-ZIP	FAIRFIELD NJ	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STONE, BRUCE W.	
STREET ADDRESS	% OGDEN PROJECT 40 LN RD	
CITY-ST-ZIP	FAIRFIELD NJ	
TITLE	AS	<input type="checkbox"/> Delete
NAME	EFFINGER, J. L.	
STREET ADDRESS	% OGDEN CORP 2 PENN PLZ	
CITY-ST-ZIP	NEW YORK NY	

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

William E Whitman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3128 100

(212) 868-6000

Date

Daytime Phone #

FORM APPROVED 12