

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90800 019 ***150.00

DOCUMENT # M98222			
1. Entity Name			
COVANTA LAKE, INC.		N/C 3-15-01	
Principal Place of Business		Mailing Address	
40 LANE ROAD FAIRFIELD NJ 07007-2615			
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYES STREET STE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	EVP/TREASURER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM E. WHITMAN	NAME	
STREET ADDRESS	40 LANE ROAD	STREET ADDRESS	
CITY - ST - ZIP	FAIRFIELD, NJ 07007-2615	CITY - ST - ZIP	
TITLE	PRESIDENT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT G. MACKIN	NAME	
STREET ADDRESS	40 LANE ROAD	STREET ADDRESS	
CITY - ST - ZIP	FAIRFIELD, NJ 07007-2615	CITY - ST - ZIP	
TITLE	EVP/SECRETARY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY R. HOROWITZ	NAME	
STREET ADDRESS	40 LANE ROAD	STREET ADDRESS	
CITY - ST - ZIP	FAIRFIELD, NJ 07007-2615	CITY - ST - ZIP	
TITLE	VP/TREASURER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS WALTERS	NAME	
STREET ADDRESS	40 LANE ROAD	STREET ADDRESS	
CITY - ST - ZIP	FAIRFIELD, NJ 07007-2615	CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE STONE	NAME	
STREET ADDRESS	40 LANE ROAD	STREET ADDRESS	
CITY - ST - ZIP	FAIRFIELD, NJ 07007-2615	CITY - ST - ZIP	
TITLE	AS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J.L. EFFINGER	NAME	
STREET ADDRESS	40 LANE ROAD	STREET ADDRESS	
CITY - ST - ZIP	FAIRFIELD, NJ 07007-2615	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		LOUIS WALTERS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

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DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)