

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/2:

FILED
May 19, 2005 8:00 am
Secretary of State

04-22-2005 90265 043 ***150.00

DOCUMENT # P04000028902			
1. Entity Name COVANTA LAKE II, INC.			
Principal Place of Business TWO NORTH RIVERSIDE PLAZA SUITE 600 CHICAGO, IL 60606		Mailing Address TWO NORTH RIVERSIDE PLAZA SUITE 600 CHICAGO, IL 60606	
2. Principal Place of Business % COVANTA ENERGY CORP. 40 LAKE RD. FAIRFIELD, NJ 07004		3. Mailing Address % COVANTA ENERGY CORP. 40 LAKE RD. FAIRFIELD, NJ 07004	
4. FEI Number 73-1695440		Applied For ☐ Not Applicable ☒	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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. I am familiar with, and accept the obligations of registered agent:			
SIGNATURE _____ Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ORLANDO, ANTHONY J STREET ADDRESS TWO NORTH RIVERSIDE PLAZA SUITE 600 CITY- ST- ZIP CHICAGO, IL 60606	☐ Delete	☒ Change ☐ Addition TITLE SD NAME HOROWITZ, JEFFREY R STREET ADDRESS TWO NORTH RIVERSIDE PLAZA SUITE 600 CITY- ST- ZIP CHICAGO, IL 60606	☒ Change ☐ Addition
TITLE SD NAME HOROWITZ, JEFFREY R STREET ADDRESS TWO NORTH RIVERSIDE PLAZA SUITE 600 CITY- ST- ZIP CHICAGO, IL 60606	☒ Delete	TITLE SD NAME TIMOTHY SIMPSON STREET ADDRESS 40 LAKE RD. CITY- ST- ZIP FAIRFIELD, NJ 07004	☒ Change ☐ Addition
TITLE T NAME WALTERS, LOUIS M STREET ADDRESS TWO NORTH RIVERSIDE PLAZA SUITE 600 CITY- ST- ZIP CHICAGO, IL 60606	☐ Delete	TITLE SD NAME TIMOTHY SIMPSON STREET ADDRESS 40 LAKE RD. CITY- ST- ZIP FAIRFIELD, NJ 07004	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. 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 10 or Block 11 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		LOU WALTERS 4/19/05 973-882-7009	

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