Division of Corporations Electronic Filing Cover Sheet

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(((H10000018494 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number: FCA00000023 Phone

: (850)222-1092

Fax Number

: (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.

Email Address:

REGISTERED AGENT CHANGE COVANTA LAKE II, INC.

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

COVER LETTER

SUBJE	CT:	Covanta Lake	1, Inc.						
		Name of C	orporation						
DOCU	MENT NUMBER:	P04	000028902						
The en	closed Statement of Chang	e of Registered Office	/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:									
		Name of Cor	tact Person						
Firm/Company									
		ringco	шрацу						
			· ·						
Address									
	·	City/State an	d Zip Code						
		jgross@covanta							
	E-mail address: (to be used for future annual report notification)								
For fur	ther information concernin	g this matter, please c	all:						
	Name of Contact I	20man	at () Area Code & Daytime Telephone Number						
	Manue of Contact i	reison	Area Code & Daytime Telephone Number						
Enclose	ed is a \$35.00 check made	payable to the Depart	ment of State.						
	Division P.O. Bo	of Corporations	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301						

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 60 ange is submitted for a co					
in ord	er to change its registered	l office or registere	d agent, or both, in th	he State of Flori	ida.	
1. The name of the corporation: Covanta Lake II, Inc.						
2. The principal office address: C/O COVANTA ENERGY CORP. 40 LANE RD FAIRFIELD NJ 07004						
3. The mailing	address (if different):					
4. Date of incor	poration/qualification:	02/11/2004	Document numbe	r: P0	4000028902	
5. The name an Florida Depa	d street address of the cur riment of State: (If resign	rent registered ager ed, enter resigned)	at and registered offic	e on file with t	ne .	
	CORPORATION SI	ERVICE COMPA	ANY			
	1201 HAYS STREET, S	UITE 105				
	TALLAHASSEE FL 123	101			2010 SE	
6. The name an (if changed):	gistered office	2010 JAN 27 SECRETARY				
	C T Corporation System				T P	
	c/o C T Corporation Syst				PH 3	
	Plantation, Florida 33324	P.O. Box NOT w	xeptable		ATE ORID	
The street addr	ess of its registered office	e and the street ad	dress of the business	office of its re	egistered agent,	
Such change wanthorized by t	as authorized by resoluti he board, or the corporal	ion duly adopted b ion has been notif	y its board of directo led in writing of the	ors or by an off change.	icer so	
Cutter	my hilau	si.	•	Causi, Vice Presi	ident	
	t the appointment as regi to comply with the proving and I am familiar with and ing filed merely to refle is been notified in writing tration System	istered agent and disions of all statute discount the obliga- t a change in the y g of this change.			ste performance gent. Or, if this confirm that the	
By: 1/19/2010						
	gnature of Registered Agent		•	Date		
Samunt for	chalf of an entity; ha Jones, Assistant Secreta; CT Corporation System Typed or Printed Name	гу				
	- •					

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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