

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05336

1. Entity Name

OGDEN PROJECTS, INC.

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

04-18-2000 90251 019 ***150.00

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| Principal Place of Business C/O OGDEN CORP. 2 PENN. PLAZA - 26TH FLOOR NEW YORK CITY NY 10121 | Mailing Address C/O OGDEN CORP. 2 PENN. PLAZA - 26TH FLOOR NEW YORK CITY NY 10121-2600 |
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DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|--|---------|
| 2. Principal Place of Business | | 3. Mailing Address OGDEN ENERGY | |
| Suite, Apt. #, etc. | | 40 LANE ROAD | |
| City & State | | City & State FAIRFIELD NJ | |
| Zip | Country | Zip | Country |
| | | 07007-2615 | USA |

| | |
|---------------------------------|----------------|
| 4. FEI Number 13-3213657 | Applied For |
| | Not Applicable |

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 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 |
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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 _____

| | | |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STONE, BRUCE W. 40 LANE ROAD FAIRFIELD NJ <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY JEFFREY R. HOROWITZ 40 LANE ROAD FAIRFIELD NJ 07007-2615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALBON, R. RICHARD 2 PENNSYLVANIA PLAZA NEW YORK NY <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT WHITMAN, WILLIAM E. 40 LANE ROAD FAIRFIELD, NJ. <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MACKIN, SCOTT G. 40 LANE ROAD FAIRFIELD, NJ. <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS EPPINGER, J.L. 2 PENN PLAZA NEW YORK NY 10121-0032 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | J.L. EFFINGER (spelling) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE 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: J.L. Effinger **J.L. EFFINGER** 4 / 5 /00 (212) 868-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #