

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90272 039 \*\*\*150.00

**DOCUMENT # P05336**

**1. Entity Name**  
**COVANTA PROJECTS, INC.**

**Principal Place of Business**

**40 LANE ROAD**  
**FAIRFIELD NJ 07007-2615**

**Mailing Address**

**40 LANE ROAD**  
**FAIRFIELD NJ 07007-2615**

**2. Principal Place of Business**

*e/o Covanta Energy Corp*  
Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number**

**13-3213657**

**Applied For**

**Not Applicable**

**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, 2002 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**

<b>TITLE</b>	<b>EVPT</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>WHITMAN, WILLIAM E</b>	
<b>STREET ADDRESS</b>	<b>40 LANE ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>FAIRFIELD NJ 07007-2615</b>	
<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MACKIN, SCOTT G</b>	
<b>STREET ADDRESS</b>	<b>40 LANE ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>FAIRFIELD NJ 07007-2615</b>	
<b>TITLE</b>	<b>EVPS</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HOROWITZ, JEFFEREY R</b>	
<b>STREET ADDRESS</b>	<b>40 LANE ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>FAIRFIELD NJ 07007-2615</b>	
<b>TITLE</b>	<b>VPT</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WALTERS, LOUIS</b>	
<b>STREET ADDRESS</b>	<b>40 LANE ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>FAIRFIELD NJ 07007-2615</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>STONE, BRUCE</b>	
<b>STREET ADDRESS</b>	<b>40 LANE ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>FAIRFIELD NJ 07007-2615</b>	
<b>TITLE</b>	<b>AS</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>EFFINGER, J L</b>	
<b>STREET ADDRESS</b>	<b>40 LANE ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>FAIRFIELD NJ 07007-2615</b>	

<b>TITLE</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>PRESIDENT/DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>EXEC VICE PRES./SECRETARY AND DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>EXEC VICE PRES./DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

*TREASURER 4/19/02*

CR2E034 (9/01)