

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2001 90800 018 ***150.00

DOCUMENT # *P24058*

1. Entity Name

COVANTA SYSTEMS, INC.

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

4. FEI Number

13-3162629

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,
 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

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, 2001 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

TITLE	EVP/TREASURER	<input type="checkbox"/> Delete
NAME	WILLIAM E. WHITMAN	
STREET ADDRESS	40 LANE ROAD	
CITY - ST - ZIP	FAIRFIELD, NJ 07007-2615	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	SCOTT G. MACKIN	
STREET ADDRESS	40 LANE ROAD	
CITY - ST - ZIP	FAIRFIELD, NJ 07007-2615	
TITLE	EVP/SECRETARY	<input type="checkbox"/> Delete
NAME	JEFFREY R. HOROWITZ	
STREET ADDRESS	40 LANE ROAD	
CITY - ST - ZIP	FAIRFIELD, NJ 07007-2615	
TITLE	VP/TREASURER	<input type="checkbox"/> Delete
NAME	LOUIS WALTERS	
STREET ADDRESS	40 LANE ROAD	
CITY - ST - ZIP	FAIRFIELD, NJ 07007-2615	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRUCE STONE	
STREET ADDRESS	40 LANE ROAD	
CITY - ST - ZIP	FAIRFIELD, NJ 07007-2615	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	J.L. EFFINGER	
STREET ADDRESS	40 LANE ROAD	
CITY - ST - ZIP	FAIRFIELD, NJ 07007-2615	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

LOUIS WALTERS *4/21/01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

973-882-7000