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FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90205 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P24478

1. Corporation Name
OGDEN ENVIRONMENTAL AND ENERGY SERVICES CO., INC



Principal Place of Business
 3211 JERMANTOWN ROAD
 FAIRFAX VA 22030

Mailing Address
 % OGDEN SERVICES TAX DEPT 26TH FLOOR
 2 PENNSYLVANIA PLAZA
 NEW YORK NY 10121
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/24/1989

4. FEI Number
52-1594168

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 4455 BROOKFIELD CORPORATE ROAD

2a. Mailing Address
26

Suite, Apt. #, etc.
22 SUITE 100

City & State
23 CHANTILLY VA 20151

Zip Country
24 **25**

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2	
TITLE	SVP <input type="checkbox"/> DELETE	1.1 TITLE	VP/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PUGH, THOMAS A	1.2 NAME	JEFFREY R. HOROWITZ
STREET ADDRESS	3214 JERMANTOWN RD SUITE 300	1.3 STREET ADDRESS	40 LANE ROAD
CITY-ST-ZIP	FAIRFAX VA 22030	1.4 CITY-ST-ZIP	FAIRFIELD NJ 07007-2615
TITLE	SVP <input type="checkbox"/> DELETE	2.1 TITLE	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANCE, DENNIS M	2.2 NAME	WANCE, DENNIS M
STREET ADDRESS	3214 JERMANTOWN RD SUITE 300	2.3 STREET ADDRESS	4455 BROOKFIELD CORPORATE DRIVE, SUITE 100
CITY-ST-ZIP	FAIRFAX VA 22030	2.4 CITY-ST-ZIP	CHANTILLY VA 20151
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEYHARD, MARY E	3.2 NAME	PUGH, THOMAS A
STREET ADDRESS	3211 JERMANTOWN RD SUITE 300	3.3 STREET ADDRESS	4455 BROOKFIELD CORPORATE DRIVE, SUITE 100
CITY-ST-ZIP	FAIRFAX VA 22030	3.4 CITY-ST-ZIP	CHANTILLY VA 20151
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	HENRY L. SANGER
STREET ADDRESS		4.3 STREET ADDRESS	4455 BROOKFIELD CORPORATE DRIVE, SUITE 100
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CHANTILLY VA 20151
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** JEFFREY R. HOROWITZ /4/5 /99 (212) 868-6133
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

FORM APPROVED 104