2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P24478

1. Entity Name

OGDEN ENVIRONMENTAL AND ENERGY SERVICES CO., INC



FILED Apr 01, 2003 8:00 am Secretary of State

04-01-2003 90045 008 ***150.00

Principal Place of Business C/O COVANTA ENGERGY CORP 40 LANE ROAD FAIRFIELD NJ 07007-2615			Mailing Address 40 LANE ROAD FAIRFIELD NJ 07007-2615 US									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State	e	City & State				4. F	2Z=1294 IDB			pplied For ot Applicable	<u></u>	
Zip	Zip Country			Zip Cou			5. Certificate of Status Desired			S8.75 Additional Fee Required		
	6. Name	Registered Agent				7. Name and Address of New Registered Agent					1	
						Name						7
THE PREN		EM INC.	M INC.			Street Address (P.O. Box Number is Not Acceptable)						
SUITE 105								- M				1
TALLAHASSEE FL 32301						City			Zip Code			$\frac{1}{2}$
the obligation	ions of regist	y submits this statement for ered agent.				ed office or re		ent, or both, in the State of Florid	a. I am fa	miliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 5After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department o								Election Campaign Finan Trust Fund Contribution.	cing	Adde)0 May Be d to Fees	
10.	:	OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICE	RS AND I	DIRECTOR	S IN 11	؍ اـ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, B 40 LANE FAIFRIELD			☐ Delete		1				☐ Change	☐ Addition	00/07/7001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	40 LANE	Z, JEFFREY R ROAD NJ 07007-2615	•	☐ Delete					I	Change	☐ Addition	1 20
TITLE NAME STREET ADDRESS CITY-ST-ZIP	40 LANE	/PT Delete WALTERS, LOUIS IO LANE ROAD FAIRFIELD NJ 07007-2615							☐ Change ☐ Addition ☐			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKIN, 1 40 LNE RI FAIRFIELD			☐ Delete						☐ Change	☐ Addition	T .

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

Delete

2 Daytime Phone #

☐ Change

Change

Addition

Addition