-2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P39010

1. Entity Name OGDÉN CISCO, INC.



FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90291 038 ***150.00

Principal Place of Business C/O COVANTA ENERGY CORP. FAIRFIED NJ 07007-2615

City & State

Zip

Mailing Address C/O COVANTA ENERGY CORP. FAIRFIED NJ 07007-2615

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Principal Place of Businesis SAME AS MAILING ADDRESS	3- Mailing Address ENEAGY CORT	, 40 LANER	Ĺ
Suite, Apt. #, etc.	Suite, Apt. #, etc.		



- K CHECK HERE IF MAKING CHANGES

Applied For 4. FEI Number 13-3670141 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen

THE PRENTICE-HALL CORPORATION SYSTEM 1201 HAYES ST STE 105 TALLAHASSEE FL 32301

Country

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

7. Name and Address of New Registered Agent

В.	3. 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. I am familiar with, and accept
	the obligations of registered agent,	· '

City

SIGNATURE

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FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550,00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition MACKIN, SCOTT G NAME NAME TWO PENNSYLVANIA PLAZA STREET ADDRESS STREET ADDRESS NEW YORK NY 10121-0032 CITY-ST-ZIP CITY-ST-ZIP **VPDS** ☐ Defete TITLE ALLEN, PETER NAME NAME %TWO PENNSYLVANIA PLAZA STREET ADDRESS STREET ADDRESS NEW YORK NY 10121-0032 CITY-ST-ZIP CITY-ST-ZIP TITLE X Delete TITLE Addition METZGER, WILLIAM J NAME NAME STREET ADDRESS **TOW PENNSYLVANIA PLAZA** STREET ADDRESS NEW YORK NY 10121-0032 CITY-ST-ZIP CITY-ST-ZIP TITLE D Oelete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby 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.

SIGNATURE: