

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001481037
-05/09/95--01098--024
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000006774
1. Corporation Name
OGDEN WATER SYSTEMS OF LEE COUNTY, INC.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	40 Lane Road	26	c/o Ogden Corporation	13-3756578		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27	2 Penn Plaza - 26th Floor	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	Fairfield, N.J.	28	New York, N.Y.				
Zip	Country	Zip	Country				
24	07007	25					
29	10121	30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. Pine Island Rd. Plantation, Fl. 33324				01	Name		
				02	Street Address (P.O. Box Number is Not Acceptable)		
				03			
				04	City	FL	05

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott G. Macklin	1.2 NAME	
STREET ADDRESS	40 Lane Rd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Fairfield, N.J. 07007	1.4 CITY-ST-ZIP	
TITLE	V/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce W. Stone	2.2 NAME	
STREET ADDRESS	40 Lane Road	2.3 STREET ADDRESS	
CITY-ST-ZIP	Fairfield, N.J. 07007	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William C. Mack	3.2 NAME	
STREET ADDRESS	40 Lane Road	3.3 STREET ADDRESS	
CITY-ST-ZIP	Fairfield, N.J. 07007	3.4 CITY-ST-ZIP	
TITLE	V/S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey R. Horowitz	4.2 NAME	
STREET ADDRESS	40 Lane Rd.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Fairfield, N.J. 07007	4.4 CITY-ST-ZIP	
TITLE	V/T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William E. Whitman	5.2 NAME	
STREET ADDRESS	40 Lane Road	5.3 STREET ADDRESS	
CITY-ST-ZIP	Fairfield, N.J. 07007	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Julie Effinger	6.2 NAME	
STREET ADDRESS	2 Penn Plaza	6.3 STREET ADDRESS	
CITY-ST-ZIP	New York, N.Y. 10121	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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 on an attachment with an address.

SIGNATURE *J. J. Spizer* Assistant Secretary 4/27/95 212-868-6143
DATE 4/27/95