

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

B-5952 C



Principal Place of Business: **40 LANE ROAD FAIRFIELD NJ 07007**
Mailing Address: **% OGDEN CORPORATION 2 PENN PLAZA-26TH FLOOR NEW YORK NY 10121**

3. Date Incorporated or Qualified: **01/27/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24):
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address (25-29):
25. Suite, Apt. #, etc.
26. City & State
27. Zip
28. Country
29. Zip

4. FEI Number: **13-3756578**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-84):
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | DELETE <input type="checkbox"/> |
| NAME | MACKIN, SCOTT | |
| STREET ADDRESS | 40 LANE ROAD | |
| CITY-ST-ZIP | FAIRFIELD NJ 07007 | |
| TITLE | VD | DELETE <input type="checkbox"/> |
| NAME | STONE, BRUCE W | |
| STREET ADDRESS | 40 LANE ROAD | |
| CITY-ST-ZIP | FAIRFIELD NJ 07007 | |
| TITLE | V | DELETE <input type="checkbox"/> |
| NAME | MACK, WILLIAM | |
| STREET ADDRESS | 40 LANE ROAD | |
| CITY-ST-ZIP | FAIRFIELD NJ 07007 | |
| TITLE | VS | DELETE <input type="checkbox"/> |
| NAME | HOROWITZ, JEFFREY R | |
| STREET ADDRESS | 40 LANE ROAD | |
| CITY-ST-ZIP | FAIRFIELD NJ 07007 | |
| TITLE | VT | DELETE <input type="checkbox"/> |
| NAME | WHITMAN, WILLIAM E | |
| STREET ADDRESS | 40 LANE ROAD | |
| CITY-ST-ZIP | FAIRFIELD NJ 07007 | |
| TITLE | AS | DELETE <input type="checkbox"/> |
| NAME | EFFINGER, J.L. | |
| STREET ADDRESS | 2 PENN PLAZA | |
| CITY-ST-ZIP | NEW YORK NY 10121 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE | |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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. Effinger* **J. L. EFFINGER-ASST. SECRETARY** 4/26 /96 212-868-6143
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year

CR2E034 (12/95)