

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P22403 (0)
1. Corporation Name
UNITED REFRIGERATION, INC. OF PENNSYLVANIA

95 JAN 27 AM 8:18

Principal Place of Business Mailing Address
**CARMEN D CAROSELLA VP. C.F.O.
11401 ROOSEVELT BLVD.
PHILADELPHIA PA 19154**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/03/1989** 3a. Date of Last Report **02/03/1994**
4. FEI Number **23-1307731** Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

9. Name and Address of Current Registered Agent
**CRAIGE, JAMES P.
2400 N. W. 23RD STREET
MIAMI, FL 33142**

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REILLY, JOHN H. JR.
STREET ADDRESS	1310 MONTGOMERY AVE
CITY - ST - ZIP	ROSEMONT PA
TITLE	VD
NAME	MASTRIPOLITO, ROBERT
STREET ADDRESS	63 FAIRFIELD LN
CITY - ST - ZIP	CHESTER SPGS PA
TITLE	S
NAME	DAVISON, JOSEPH R.
STREET ADDRESS	722 BERWYN BAPTIST RD.
CITY - ST - ZIP	DEVON PA
TITLE	TD
NAME	CAROSELLA, CARMEN D.
STREET ADDRESS	220 CEDAR PLACE
CITY - ST - ZIP	WAYNE PA
TITLE	VD
NAME	MCFADDEN, JOHN P.
STREET ADDRESS	28 GAELIC CT
CITY - ST - ZIP	HOLLAND PA
TITLE	AS
NAME	HUNTOWSKI, JOSEPH S
STREET ADDRESS	28 WOODBROOK ROAD
CITY - ST - ZIP	VOORHESS NJ 08043

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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 applicable, or on an attached sheet with an address.

SIGNATURE: *Joseph S. Huntowski* **Joseph S. Huntowski** (215)698-9100
DATE: **1-20-95**