

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P22403** (0)

1. Corporation Name
UNITED REFRIGERATION, INC. OF PENNSYLVANIA



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

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

3. Date Incorporated or Qualified	3a. Date of Last Report
01/03/1989	01/27/1995
4. FEI Number	Applied For
23-1307731	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CRAIGE, JAMES P. 2400 N. W. 23RD STREET MIAMI, FL 33142				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: REILLY, JOHN H. JR. STREET ADDRESS: 1310 MONTGOMERY AVE CITY-STATE-ZIP: ROSEMONT PA	<input type="checkbox"/> DELETE	11 TITLE: Vice-President/Secretary 12 NAME: Reilly, Elizabeth 13 STREET ADDRESS: 1310 Montgomery Avenue 14 CITY-STATE-ZIP: Rosemont, PA 19010 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD	NAME: MASTROPOLITO, ROBERT STREET ADDRESS: 63 FAIRFIELD LN CITY-STATE-ZIP: CHESTER SPGS PA	<input checked="" type="checkbox"/> DELETE	21 TITLE: Treasurer 22 NAME: Hawkins, William 23 STREET ADDRESS: 3109 W. Hayes Road 24 CITY-STATE-ZIP: Norristown, PA 19403 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S	NAME: DAVISON, JOSEPH R. STREET ADDRESS: 722 BERWYN BAPTIST RD. CITY-STATE-ZIP: DEVON PA	<input checked="" type="checkbox"/> DELETE	31 TITLE: Vice-President Purchasing/Dist. 32 NAME: Tom Kochy 33 STREET ADDRESS: 1193 Kenneth Drive 34 CITY-STATE-ZIP: Yardley, PA 19067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD	NAME: CAROSELLA, CARMEN D. STREET ADDRESS: 220 CEDAR PLACE CITY-STATE-ZIP: WAYNE PA	<input type="checkbox"/> DELETE	41 TITLE: _____ 42 NAME: _____ 43 STREET ADDRESS: _____ 44 CITY-STATE-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	NAME: MCFADDEN, JOHN P. STREET ADDRESS: 28 GAELIC CT CITY-STATE-ZIP: HOLLAND PA	<input type="checkbox"/> DELETE	51 TITLE: _____ 52 NAME: _____ 53 STREET ADDRESS: _____ 54 CITY-STATE-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS	NAME: HUNTOWSKI, JOSEPH S STREET ADDRESS: 28 WOODBROOK ROAD CITY-STATE-ZIP: VOORHESS NJ 08043	<input type="checkbox"/> DELETE	61 TITLE: _____ 62 NAME: _____ 63 STREET ADDRESS: _____ 64 CITY-STATE-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Joseph S. Huntowski* Joseph S. Huntowski 2/9/94 (215) 698-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)