FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # 826257** 1. Entity Name UNITED STATES COLD STORAGE, INC. 04-03-2001 90013 048 ***150.00 Principal Place of Business Mailing Address 100 DOBBS LN..STE.102 100 DOBBS LN..STE.102 736403 P.O.BOX 5460 P.O.BOX 5460 CHERRY HILL NJ 08034-6998 CHERRY HILL NJ 08034-6998 2. Principal Place of Business 3. Mailing Address 100 DOBBS LANE 100 DOBBS LANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 102 SUITE 102 Applied For City & State 4. FEI Number 11-1618557 CHERRY HILL, NJ 08034 CHERRY HILL, NJ 08034 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Delete TITLE DC X Change ☐ Addition TITLE BRIDGMAN, T.C. NAME NAME BRIDGMAN, T.C. SWIRE HOUSE, 59 BUCKINGHAM GATE LONDON SW1E 6AJ ENGLAND STREET ADDRESS STREET ADDRESS 100 DOBBS LANE, SUITE 102 CITY-ST-ZIP CITY-ST-7IP CHERRY HILL NJ Change ☐ Delete TITLE TITI F NAME SCOTT, E.J. R. NAME SCOTT, E.J.R. SWIRE HOUSE, 59 BUCKINGHAM GATE STREET ADDRESS STREET ADDRESS SWIRE HOUSE, 59 BUCKINGHAM GATE CITY-ST-ZIP CITY-ST-ZIP LONDON SW LONDON SWIE 6AJ ENGLAND TITLE ☐ Delete Change Addition SPOONER, JAMES SIR NAME NAME STREET ADDRESS SWIRE HOUSE, 59 BUCKINGHAM GATE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONDON SWIE 6AJ EN Change Addition TITLE Delete TITLE SLAMON, J NAME NAME STREET ADDRESS 2 CLARKS GAP COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MEDFORD NJ ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME WRIGHT, DONALD J. NAME STREET ADDRESS 727 CORNWALLIS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MT. LAUREL NJ ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME OMINSKY, B STREET ADDRESS STREET ADDRESS 53 BROADACRE DRIVE CITY-ST-ZIP CITY-ST-ZIP MT LAUREL NJ 13. I hereby 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Duc. # 826257 736403

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