CORPORATION
ANNUAL REPORT
1995

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 4:18

DOCUMENT # 851402 (8)

1. Corporation Name
UNITED REFRIGERATED SERVICES, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 52427 ATLANTA GA 30355-0427	POST OFFICE BOX 52427 ATLANTA GA 30355-0427

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/30/1981	04/21/1994

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

4. FEI Number
58-1453357
☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	PIELENZ, HANNS A	12 NAME		
STREET ADDRESS	2964 PEACHTREE ROAD, NE, #700	13 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30305	14 CITY-ST-ZIP		
TITLE	P	21 TITLE	V P	☒ Change ☐ Addition
NAME	QUINN, RALPH H	22 NAME	SHULMAN, ALLEN	
STREET ADDRESS	2964 PEACHTREE ROAD, NE, #700	23 STREET ADDRESS	2964 PEACHTREE ROAD, NE, #700	
CITY-ST-ZIP	ATLANTA GA 30305	24 CITY-ST-ZIP	ATLANTA, GA 30305	
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	JUSTICE, HENRY J III	32 NAME		
STREET ADDRESS	2964 PEACHTREE ROAD, NE, #700	33 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30305	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	LONG, BILL G	42 NAME		
STREET ADDRESS	6150 XAVIER DR., SW	43 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30336	44 CITY-ST-ZIP		
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	RYAN, THOMAS W	52 NAME		
STREET ADDRESS	2964 PEACHTREE ROAD, NE, #700	53 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30305	54 CITY-ST-ZIP		
TITLE	VC	61 TITLE		☐ Change ☐ Addition
NAME	KLUMOK, MAURY A	62 NAME		
STREET ADDRESS	2964 PEACHTREE ROAD, NE, #700	63 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30305	64 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 119.07(3)(i), 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: _____ ALLEN L. SHULMAN 3/16/95 (404)261-6691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0390633 FP