

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000003620 (0)**

1. Corporation Name
ASHLAND COLD STORAGE CO.



Principal Place of Business: **1556 WEST 43RD STREET CHICAGO IL 60609**
Mailing Address: **1556 WEST 43RD STREET CHICAGO IL 60609**

3. Date Incorporated or Qualified 07/27/1995	3a. Date of Last Report
4. FEI Number 36-2496342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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9. Name and Address of Current Registered Agent

**WOODWARD, CRAIG R
SUITE 500
606 BALD EAGLE DRIVE
MARCO ISLAND FL 33937**



10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
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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

Signature of person or persons of registered office if not applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <input type="checkbox"/> DELETE NAME: PC ROSE, WILLIAM R STREET ADDRESS: 65 SOUTH BARRINGTON ROAD BARRINGTON IL 60010 CITY-STATE-ZIP: VD	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12. NAME 13. STREET ADDRESS 14. CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE NAME: ROSE, PETER W STREET ADDRESS: 65 SOUTH BARRINGTON ROAD BARRINGTON IL 60010 CITY-STATE-ZIP: D	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22. NAME 23. STREET ADDRESS 24. CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE NAME: SHERIDAN, MIKE STREET ADDRESS: 65 SOUTH BARRINGTON ROAD BARRINGTON IL 60010 CITY-STATE-ZIP: D	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32. NAME 33. STREET ADDRESS 34. CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE NAME: STIEHL, DWIGHT STREET ADDRESS: 65 SOUTH BARRINGTON ROAD BARRINGTON IL 60010 CITY-STATE-ZIP: DVS	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42. NAME 43. STREET ADDRESS 44. CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE NAME: VANDENBERGH, H. J JR STREET ADDRESS: 65 SOUTH BARRINGTON ROAD BARRINGTON IL 60010 CITY-STATE-ZIP: DV	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52. NAME 53. STREET ADDRESS 54. CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE NAME: SCHERER, GARY E STREET ADDRESS: 1556 W. 43RD STREET CHICAGO IL 60609 CITY-STATE-ZIP:	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62. NAME 63. STREET ADDRESS 64. CITY-STATE-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)(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 unchanged, or on an attachment, with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GARY E SCHERER

January 24, 1996 312/947-2700
Date Day/Time Phone #

CR2E034 (12/95)