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PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500003620 (0)

ASHLAND COLD STORAGE CO.

Principal Place of Business Mailing Address								·····						
1556 WEST 43RD STREET 1556 WEST 43RD CHICAGO IL 60609 CHICAGO IL 60609														
									3. Date incorporated 07/27/1995	d or Qualified		te of Last R 1/1996	eport	
2. Principal Pl	ace of Business		2a. Mailing Address						4. FEI Number Applied For					
21			[26]						36-2496342 Not Applicable					
Suite, Apt. #, etc. * * * * * * * * * * * * * * * * * * *			Suite, Apt. #, etc.						5. Certificate of Status Desired Section 5. Section 5. Certificate of Status Desired Fee Regulired					
City & State			City & State					***************************************	6. Election Campaign Financing \$5.00 May Be					
23			28						Trust Fund Contribution					
Zip Country			Zip Country						8. This corporation has liability for intangible tax under s. 199.032,					
24 25			29 30						Florida Statutes Yes No 10. Name and Address of New Registered Agent					
1406	9. Name and Address of	Current H				10. Name and Address of New 81 Name					gistered A	gent		
	DDWARD, CRAIG R	1 / 1/12		W/E		L			· · · · · · · · · · · · · · · · · · ·	71000000000000000000000000000000000000			***************************************	
SUITE 500 606 BALD EAGLE DRIVE						82 Street Addres			ss (P.O. Box Number is	Not Acceptab	le)			
	CO ISLAND FL 33937		1441 2 2	1007		83	3							
		$\ \langle \langle \rangle \rangle$	JAN 2 3	1991		84	4 City					Tot l Zin i	Codo.	
						6	4 City				FL	85 Zip 1	Code	
11. Pursuant I office or re agent I ar	io the provisions of Sections egistered agent, or both, in t m famil ar with, and accept th	607.0502 at he State of I he obligation	nd 607.1508, F Florida, Such c ris of, Section (lorida Statut hange was 507.0505, Flo	es, the authoriz orida St	abov ed b alute	ve-nam by the c es.	ed corpo orporatio	ration submits this staten's board of directors.	ement for the p I hereby accep	urpose of the appo	changing It pintment as	s registered registered	
SIGNATURE	Signatura, typs: d ar printed harne of regi	on the second second second second	NAMO il nost cabia		E Doci-lo	and &	nort size:	luna ran iira.	when reinstating)		DATE			
12,		RS AND D	******	(1407)	13		gen sign	iore require	ADDITIONS/CHAN	GES TO OFFIC		DIRECTOR	S IN 12	
TITLE	PC		T.	DELETE	1.1	TITLE		·			· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME	rose, William R				1.2	NAME	:							
STREET ADDRESS	65 SOUTH BARRINGTO				1.3	STREE	T ADORE	is (
C:TY - ST - ZIP	BARRINGTON IL 60010			Total			-ST-ZIP					r-1 a.		
TITLE	VD		L) DELETE	B	TITLE						Change	Addition	
NAVÉ	ROSE, PETER W 65 SOUTH BARRINGTO	N POAD			- I	NAME								
STREET ADDRESS	BARRINGTON IL 60010						ET ADDRE	»						
CITY-ST-ZIP TITLE	DAMMINGTON IL GOOTO		Г	DELETE		TITLE	ST-ZIP	-				Change	Addition	
NAME	SHERIDAN, MIKE				- 1	NAME						- •		
STREET ADDRESS	65 SOUTH BARRINGTO	n road			33	STREE	et addre:	is						
CHY-S1-ZIP	BARRINGTON IL 60010				3.4	CITY	- ST - ZIP			·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TOTALE	D			DELETE	4.1	TITLE						Change	Addition Addition	
NAME	STIEHL, DWIGHT				•	NAM								
STREET ADDRESS	65 SOUTH BARRINGTO						et addre	ss						
CITY-SI-7IP	BARRINGTON IL 60010 DVS			DELETE		CITY- TITLE	-ST - ZIP	 				Change	Addition	
THEF	VANDENBERGH, H. J J	R	L] DETER		NAME		-				rem oranita	CT VONOGII	
NAME STREET ADDRESS	65 SOUTH BARRINGTO						: Et addre							
CITY-ST-79	BARRINGTON IL 60010						ET ADDRE - ST-ZIP	~						
TITLE	DV			DELETE		TITLE						Change	Addition	
NAME	SCHERER, GARY E		_			NAME						-		
STREET ADORESS	1556 W. 43RD STREET				B		ET ADDRE	ss						
CITY-ST-ZIP	CHICAGO IL 60609				6.4	CITY-	SI-ZIP							

14. I do 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 annual report or supplemental amittal 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 perpention or the receive or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block (2 or Block 3 if chalged, or provide ment with an address.

FILED Feb 06 1997 8:00am Secretary of State

