

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

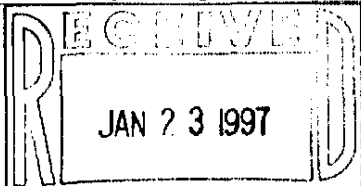
Mailing Address  
1556 WEST 43RD STREET  
CHICAGO IL 60609-3328

3. Date Incorporated or Qualified 07/27/1995	3a. Date of Last Report 01/31/1996
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	

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

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PC <input type="checkbox"/> DELETE
NAME	ROSE, WILLIAM R
STREET ADDRESS	65 SOUTH BARRINGTON ROAD
CITY - ST - ZIP	BARRINGTON IL 60010
TITLE	VD <input type="checkbox"/> DELETE
NAME	ROSE, PETER W
STREET ADDRESS	65 SOUTH BARRINGTON ROAD
CITY - ST - ZIP	BARRINGTON IL 60010
TITLE	D <input type="checkbox"/> DELETE
NAME	SHERIDAN, MIKE
STREET ADDRESS	65 SOUTH BARRINGTON ROAD
CITY - ST - ZIP	BARRINGTON IL 60010
TITLE	D <input type="checkbox"/> DELETE
NAME	STIEHL, DWIGHT
STREET ADDRESS	65 SOUTH BARRINGTON ROAD
CITY - ST - ZIP	BARRINGTON IL 60010
TITLE	DVS <input type="checkbox"/> DELETE
NAME	VANDENBERGH, H. J JR
STREET ADDRESS	65 SOUTH BARRINGTON ROAD
CITY - ST - ZIP	BARRINGTON IL 60010
TITLE	DV <input type="checkbox"/> DELETE
NAME	SCHERER, GARY E
STREET ADDRESS	1556 W. 43RD STREET
CITY - ST - ZIP	CHICAGO IL 60609

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 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 2 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-97 773/847-2700  
Date Daytime Phone #

CR2E034 (9/96)