


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

001316

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90034 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000002287					
1. Corporation Name AMERICOLD REALTY, INC.					
Principal Place of Business ONE CONCOURSE PKWY., STE. 450 ATLANTA GA 30328			Mailing Address ONE CONCOURSE PKWY., STE. 450 ATLANTA GA 30328		
2. Principal Place of Business 21 10 Glenlake Pkwy Suite, Apt. #, etc. 22 800 City & State 23 Atlanta Ga Zip Country 24 30328 25 US		2a. Mailing Address 26 10 Glenlake Pkwy Suite, Apt. #, etc. 27 800 City & State 28 Atlanta Ga Zip Country 29 30328 30 US		3. Date Incorporated or Qualified 04/22/1998	
		4. FEI Number APPLIED FOR		Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMAMARA, DANIEL F		1.2 NAME		
STREET ADDRESS	ONE CONCOURSE PKWY., STE. 450		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30328		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEILSTEIN, FREDERICK B		2.2 NAME		
STREET ADDRESS	ONE CONCOURSE PKWY., STE. 450		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30328		2.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODARD, TONY		3.2 NAME		
STREET ADDRESS	ONE CONCOURSE PKWY., STE. 450		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30328		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILVEN, MARY ANNE		4.2 NAME		
STREET ADDRESS	ONE CONCOURSE PKWY., STE. 450		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30328		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

237911-90034-38
F98000002287

Americold Corporation
OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
DANIEL F. McNAMARA	President Chief Executive Officer	10 Glenlake Parkway, Suite 800 Atlanta, GA 30328
JOEL M. SMITH	Senior Vice President Chief Financial Officer	10 Glenlake Parkway, Suite 800 Atlanta, GA 30328
TONY WOODARD	Controller	10 Glenlake Parkway, Suite 800 Atlanta, GA 30328
FRED BELSTEIN	Senior Vice President	10 Glenlake Parkway, Suite 800 Atlanta, GA 30328
HENRY J. JUSTICE	Senior Vice President	10 Glenlake Parkway, Suite 800 Atlanta, GA 30328
THOMAS W. RYAN	Senior Vice President	10 Glenlake Parkway, Suite 800 Atlanta, GA 30328
HECTOR RODRIGUEZ	Senior Vice President	10 Glenlake Parkway, Suite 800 Atlanta, GA 30328
DANE BEAR	Senior Vice President	10 Glenlake Parkway, Suite 800 Atlanta, GA 30328
JAMES BRIDGES	Vice President	10 Glenlake Parkway, Suite 800 Atlanta, GA 30328
SUSAN HALEY	Vice President	7007 S.W. Cardinal Lane, Suite 135 Portland, OR 97224
JOSEPH MacNow	Vice President	7007 S.W. Cardinal Lane, Suite 135 Portland, OR 97224
FRED WALKER	Vice President	10 Glenlake Parkway, Suite 800 Atlanta, GA 30328
TAMMY WORD	Secretary	10 Glenlake Parkway, Suite 800 Atlanta, GA 30328
MARY ANNE GILVIN	Assistant Secretary	Same as Above