

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 09 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 # P00255

(0)

1. Corporation Name

AMERICOLD CORPORATION

Principal Place of Business

7007 SW CARDINAL LANE  
SUITE 135  
PORTLAND OR 97224-7140  
US

Mailing Address

7007 SW CARDINAL LANE  
SUITE 135  
PORTLAND OR 97224-7140  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1983

3a. Date of Last Report

04/02/1996

4. FEI Number

93-0295215

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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

TITLE CPD ☐ DELETE

NAME DYKEHOUSE, RONALD H.  
STREET ADDRESS 7007 SW CARDINAL LN #135  
CITY-ST-ZIP PORTLAND OR

TITLE TV ☐ DELETE

NAME LENEVE, LON V.  
STREET ADDRESS 7007 SW CARDINAL LN #135  
CITY-ST-ZIP PORTLAND OR

TITLE VD ☐ DELETE

NAME SMITH, JOEL M.  
STREET ADDRESS 7007 SW CARDINAL LN #135  
CITY-ST-ZIP PORTLAND OR

TITLE V ☐ DELETE

NAME LENEVEU, JOHN P.  
STREET ADDRESS 7007 SW CARDINAL LN #135  
CITY-ST-ZIP PORTLAND OR

TITLE V ☐ DELETE

NAME SENA, F. STANLEY  
STREET ADDRESS 7007 SW CARDINAL LN #135  
CITY-ST-ZIP PORTLAND OR

TITLE S ☐ DELETE

NAME BOOTH, BRIAN G.  
STREET ADDRESS 888 SW 5TH #1600  
CITY-ST-ZIP PORTLAND OR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

CP2E034 (4/97)