

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business 21 One Concourse Parkway Suite, Apt. #, etc. 22 Suite 450 City & State 23 ATLANTA, GA Zip 24 30328		2a. Mailing Address 26 One Concourse Parkway Suite, Apt. #, etc. 27 Suite 450 City & State 28 ATLANTA, GA Zip 29 30328		3. Date Incorporated or Qualified 12/13/1983		4. FEI Number 93-0295215		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	

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 B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CPD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DYKEHOUSE, RONALD H.		1.2 NAME	DANIEL F. MCNAMARA			
STREET ADDRESS	7007 SW CARDINAL LN #135		1.3 STREET ADDRESS	One Concourse Parkway, Suite 450			
CITY-ST-ZIP	PORTLAND OR		1.4 CITY-ST-ZIP	ATLANTA, GA 30328			
TITLE	TV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LENEVE, LON V.		2.2 NAME	Robert Frienberg			
STREET ADDRESS	7007 SW CARDINAL LN #135		2.3 STREET ADDRESS	Park 80 WEST, PLAZA II			
CITY-ST-ZIP	PORTLAND OR		2.4 CITY-ST-ZIP	Saddle Brook, NJ 07663			
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	VP/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, JOEL M.		3.2 NAME	JOEL M. SMITH			
STREET ADDRESS	7007 SW CARDINAL LN #135		3.3 STREET ADDRESS	One Concourse Parkway, Suite 450			
CITY-ST-ZIP	PORTLAND OR		3.4 CITY-ST-ZIP	ATLANTA, GA 30328			
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LENEVEU, JOHN P.		4.2 NAME				
STREET ADDRESS	7007 SW CARDINAL LN #135		4.3 STREET ADDRESS				
CITY-ST-ZIP	PORTLAND OR		4.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SENA, F. STANLEY		5.2 NAME				
STREET ADDRESS	7007 SW CARDINAL LN #135		5.3 STREET ADDRESS				
CITY-ST-ZIP	PORTLAND OR		5.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOOTH, BRIAN G.		6.2 NAME				
STREET ADDRESS	888 SW 5TH #1600		6.3 STREET ADDRESS				
CITY-ST-ZIP	PORTLAND OR		6.4 CITY-ST-ZIP				

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.

SIGNATURE:  John P. LeNeve 4/23/98 (503)603-2632

CP2E034 (1097)