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

PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name

DOCUMENT # P00255

AMERICOLD CORPORATION



Secretary of State DIVISION OF CORPORATIONS

FILED Mar 17, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris 1999

03-17-1999 90034 039 ***150.00

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Principal Place	of Business	Mailing Address				'I #181) BION AIDH O	#### ### ##
ONE CONCOURS SUITE 450 ATLANTA GA 30		ONE CONCOURSE PARKWAY SUITE 450 ATLANTA GA 30328		DO NOT WRITE IN THIS SPACE			
ŲS		US		3. Date Incorporated or Qualifed 12/13/1983	3. Date incorporated or Qualifed 12/13/1983		
2. Principal Pl	ace of Business	2a, Mailing Address		4. FEI Number	<u> </u>		
	nlake Parkwau	26 10 Gknlate Pkwy			93-0295215	No	ot Applicable
Suite, Apt. 1		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	I	
22 800		27 _800		5. Certificate of Status Desired	Fee Re	equired	
City & State		City & State			6. Election Campaign Financing	•	May Be
23 Atlar		28 Atlanta Go			Trust Fund Contribution	Added 1	to Fees
Zip ¬ ¬ ¬ ¬	Country	Zip	Countr	'S	8. This corporation owes the current year	Intangible Yes	□No
24 3032		29 30328 30	<u> </u>	3	Personal Property Tax. 10. Name and Address of New Registers		
	9. Name and Address of Current	Kegistered Agent	8	1 Name	IV. Hame and Address of New Augustion		
CT C	ORPORATION SYSTEM		-				
	S. PINE ISLAND ROAD		8:	2 Street A	ddress (P.O. Box Number is Not Acceptable)		1
	ITATION FL 33324		8	3			
	and the fire		L		<u> </u>		
	APLOS OVATA MINA INC.		8	4 City	F	L 85 Zip (Code
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State or in familiar with, and accept the obligation	f Florida. Such change was autho	v tne corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its pointment as re	registered egistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	istered Ag	ent signature rec	quired when reinstating) DATE		
12.	OFFICERS AND	······································	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PCEO	☐ DELETE	1.1 TITLE	1		[]_Change	□ -Addition
NAME	MCNAMARA, DANIEL F.		1.2 NAME	l _i			Į
STREET ADDRESS	ONE CONCOURSE PARKWAY, S	SUITE 450		ET ADORESS	· -		ĺ
CITY-ST-ZIP	ATLANTA GA 30328	☐ DELETE	1.4 CITY-			Change	Addition
TITLE	Tourness Source	LACETE	2.1 TITLE			- Decilarige	_ _
NAME	FRIEDBERG, ROBERT		2.2 NAME	1			
STREET ADDRESS	PARK 80 WEST, PLAZA II	•		ET ADDRESS -	SEE	•	. [
CITY-ST-ZIP	SADDLE BROOK NJ 07663 VPC	☐ DELETE	3.1 TITLE	ST-ZIP		☐-€tránge	Addition
TITLE	SMITH, JOEL M.	□ 5224.2	3.2 NAME		ATTATCHED		
NAME STREET ADDRESS	ONE CONCOURSE PARKWAY,	SHITE 450		ET ADDRESS	AMAICKED		,
CITY-ST-ZIP	ATLANTA GA 30328	JOIL 400	3.4. CITY	Į.			
TITLE	V	□ DELETE	4.1 TITLE			d Change	☐ Addition
NAME	LENEVEU, JOHN P.		4. 2 NAM	E	SCHEDULE		
STREET ADDRESS	TOOT ON CADDINAL IN MACE		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	PORTLAND OR		4.4 CITY-		FOR NEW		
TITLE	V	□ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	SENA, F. STANLEY	Ì	5.2 NAME	 	FOR NEW ADDRESS AND NEW OFFICERS		1
STREET ADDRESS	7007 SW CARDINAL LN #135		5.3 STRE	ET ADDRESS			Ì
CITY-ST-ZIP	PORTLAND OR		5.4 CITY		NEW OFFICEES	—————	
TITLE	S en : Action	DELETE	6.1 TITLE			☐ Change	Addition
NAME	Booth, Brian G.		6.2 NAME	ı			-
STREET ADDRESS	888 SW 5TH #1600			ET ADORESS			Ì
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 en an attachment with an address, with all other like empowered.

SIGNATURE:

NAME

DANIEL F. McNAMARA

Americold Corporation OFFICERS

	TITLE	
•		

President
Chief Executive Officer

Chief Financial Officer Senior Vice President

Senior Vice President

Controller

FRED BEILSTEIN

TONY WOODARD

JOEL M. SMITH

Senior Vice President

Senior Vice President

THOMAS W. RYAN

HECTOR RODRIGUEZ

HENRY J. JUSTICE

Senior Vice President

Senior Vice President

Vice President

Vice President

Vice President

SUSAN HALEY

JAMES BRIDGES

DANE BEAR

JOSEPH MacNow

FRED WALKER

TAMMY WORD

Vice President

Secretary

MARY ANNE GILVIN

. آلو

Assistant Secretary

ADRESS

10 Glenlake Parkway, Suite 800 Atlanta, GA 30328

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7007 S.W. Cardinal Lane, Suite 135 Portland, OR 97224

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