

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 09 1997 8:00am
Secretary of State

DOCUMENT # P00940

(7)

1. Corporation Name

REFRIGERATED INTERNATIONAL CARGO HAULERS, INC.



Principal Place of Business
1150 NIAGARA STREET
P.O. BOX 245
BUFFALO NY 14240

Mailing Address
1150 NIAGARA STREET
P.O. BOX 245
BUFFALO NY 14240-0245

3. Date Incorporated or Qualified
02/16/1984

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
16-1172442

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RICH, ROBERT E. JR.
STREET ADDRESS 14 TUDOR PLACE
CITY-ST-ZIP BUFFALO NY

TITLE VP ☐ DELETE

NAME AMPUJA, JACK T.
STREET ADDRESS ONE WEST FERRY ST.
CITY-ST-ZIP BUFFALO NY

TITLE SD ☐ DELETE

NAME RICH, DAVID A.
STREET ADDRESS 37 MIDDLESEX RD.
CITY-ST-ZIP BUFFALO NY

TITLE T ☐ DELETE

NAME HADDAD, JAMES R.
STREET ADDRESS ONE WEST FERRY ST.
CITY-ST-ZIP BUFFALO NY

TITLE D ☐ DELETE

NAME RICH, ROBERT E.
STREET ADDRESS 101 INDIAN ROAD
CITY-ST-ZIP PALM BEACH FL

TITLE AS ☐ DELETE

NAME HURLEY, MAUREEN O.
STREET ADDRESS 1150 NIAGARA ST.
CITY-ST-ZIP BUFFALO NY

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:

Maureen O. Hurley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

Date

(716) 878-8000

Daytime Phone #

CR2E034 (9/96)