

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P22403 1. Entity Name UNITED REFRIGERATION, INC. OF PENNSYLVANIA	
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Principal Place of Business CARMEN D CAROSELLA VP, C.F.O. 11401 ROOSEVELT BLVD. PHILADELPHIA, PA 19154	Mailing Address 11401 ROOSEVELT BLVD. ATTN: TAX DEPT. PHILADELPHIA, PA 19154
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04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-1307731	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, PAT 2400 N. W. 23RD STREET MIAMI, FL 33142
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

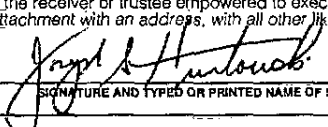
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000347288
04/30/05-80107-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REILLY, JOHN H. JR. 1310 MONTGOMERY AVE ROSEMONT, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REILLY, ELIZABETH 1310 MONTGOMERY AVENUE ROSEMONT, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOPE, NICHOLAS V 74 GOVERNOR MARKHAM GLEN MILLS, PA 19342
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CAROSELLA, CARMEN D. 220 CEDAR PLACE WAYNE, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILLY, III, JOHN H 520 ATTERBURY ROAD VILLANOVA, PA 19085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HUNTOWSKI, JOSEPH S 28 WOODBROOK ROAD VOORHESS, NJ 08043

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOSEPH S. HUNTOWSKI** **4-26-05** **215-602-8295**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ASST. TREASURER** Date Daytime Phone #