

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P22403

1. Entity Name
UNITED REFRIGERATION, INC. OF PENNSYLVANIA



Principal Place of Business
CARMEN D CAROSELLA VP, C.F.O.
11401 ROOSEVELT BLVD.
PHILADELPHIA, PA 19154

Mailing Address
CARMEN D CAROSELLA VP, C.F.O.
11401 ROOSEVELT BLVD.
PHILADELPHIA, PA 19154

DO NOT WRITE IN THIS SPACE



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number
23-1307731

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REILLY, JOHN H. JR.
STREET ADDRESS	1310 MONTGOMERY AVE
CITY-ST-ZIP	ROSEMONT, PA
TITLE	VPD
NAME	REILLY, ELIZABETH
STREET ADDRESS	1310 MONTGOMERY AVENUE
CITY-ST-ZIP	ROSEMONT, PA
TITLE	T
NAME	HOPE, NICHOLAS V
STREET ADDRESS	74 GOVERNOR MARKHAM
CITY-ST-ZIP	GLEN MILLS, PA 19342
TITLE	AS
NAME	CAROSELLA, CARMEN D.
STREET ADDRESS	220 CEDAR PLACE
CITY-ST-ZIP	WAYNE, PA
TITLE	D
NAME	REILLY, III, JOHN H
STREET ADDRESS	424 LOUELLA AVE
CITY-ST-ZIP	WAYNE, PA 19085
TITLE	AS
NAME	HUNTOWSKI, JOSEPH S
STREET ADDRESS	28 WOODBROOK ROAD
CITY-ST-ZIP	VOORHESS, NJ 08043

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05/27/08-80092-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH S. HUNTOWSKI

4/29/08
Date

215-602-8295
Daytime Phone #