FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P36707** **(8)**

1. Corporation Name

AMERICOLD SERVICES CORPORATION

Principal Place of Business	Mailing Address
7007 S.W. CARDINAL LN. SUITE 135 PORTLAND OR 97224-7140	7007 S.W. CARDINAL LN. SUITE 135 PORTLAND OR 97224-7140

3. Date Incorporated or Qualified: 12/12/1991
3a. Date of Last Report: 04/24/1995
4. FEI Number: 93-0987431 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [✓] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	PCO	[ ] DELETE
NAME	DYKEHOUSE, RONALD H.	
STREET ADDRESS	7007 SW CARDINAL LN #135	
CITY-ST-ZIP	PORTLAND OR	
TITLE	VD	[ ] DELETE
NAME	SMITH, JOEL M.	
STREET ADDRESS	7007 SW CARDINAL LN #135	
CITY-ST-ZIP	PORTLAND OR	
TITLE	STV	[ ] DELETE
NAME	LENEVE, LON V.	
STREET ADDRESS	7007 SW CARDINAL LN #135	
CITY-ST-ZIP	PORTLAND OR	
TITLE	V	[X] DELETE
NAME	COYE, ROY J	
STREET ADDRESS	7007 SW CARDINAL LANE, #135	
CITY-ST-ZIP	PORTLAND OR	
TITLE	V	[ ] DELETE
NAME	LENEVEU, JOHN P.	
STREET ADDRESS	7007 SW CARDINAL LN #135	
CITY-ST-ZIP	PORTLAND OR	
TITLE	V	[ ] DELETE
NAME	~~STANLEY, SENA F.~~	
STREET ADDRESS	7007 SW CARDINAL LN #135	
CITY-ST-ZIP	PORTLAND OR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change	[ ] Addition
1 NAME			
1 STREET ADDRESS			
1 CITY-ST-ZIP			
2 TITLE		[ ] Change	[ ] Addition
2 NAME			
2 STREET ADDRESS			
2 CITY-ST-ZIP			
3 TITLE	TV	[✓] Change	[ ] Addition
3 NAME			
3 STREET ADDRESS			
3 CITY-ST-ZIP			
4 TITLE	S	[ ] Change	[✓] Addition
4 NAME	Booth, Brian G.		
4 STREET ADDRESS	888 SW 5th #1600		
4 CITY-ST-ZIP	Portland, OR 97204		
5 TITLE		[ ] Change	[ ] Addition
5 NAME			
5 STREET ADDRESS			
5 CITY-ST-ZIP			
6 TITLE		[✓] Change	[ ] Addition
6 NAME	Sena, F. Stanley		
6 STREET ADDRESS			
6 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: [signature] 3/25/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)