

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P36707** (8)
1. Corporation Name
AMERICOLD SERVICES CORPORATION



Principal Place of Business 7007 S.W. CARDINAL LN. SUITE 135 PORTLAND OR 97224-7140	Mailing Address 7007 S.W. CARDINAL LN. SUITE 135 PORTLAND OR 97224-7140
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/12/1991	3a. Date of Last Report 04/02/1996
				4. FEI Number 93-0987431	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCO	<input type="checkbox"/> DELETE	1.1 TITLE PCO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DYKEHOUSE, RONALD H.		1.2 NAME	
STREET ADDRESS 7007 SW CARDINAL LN #135		1.3 STREET ADDRESS	
CITY-ST-ZIP PORTLAND OR		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, JOEL M.		2.2 NAME	
STREET ADDRESS 7007 SW CARDINAL LN #135		2.3 STREET ADDRESS	
CITY-ST-ZIP PORTLAND OR		2.4 CITY-ST-ZIP	
TITLE TV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LENEVE, LON V.		3.2 NAME	
STREET ADDRESS 7007 SW CARDINAL LN #135		3.3 STREET ADDRESS	
CITY-ST-ZIP PORTLAND OR		3.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOOTH, BRIAN G.		4.2 NAME	
STREET ADDRESS 888 SW 5TH #1600		4.3 STREET ADDRESS	
CITY-ST-ZIP PORTLAND OR		4.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LENEVEU, JOHN P.		5.2 NAME	
STREET ADDRESS 7007 SW CARDINAL LN #135		5.3 STREET ADDRESS	
CITY-ST-ZIP PORTLAND OR		5.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SENA, F. STANLEY		6.2 NAME	
STREET ADDRESS 7007 SW CARDINAL LN #135		6.3 STREET ADDRESS	
CITY-ST-ZIP PORTLAND OR		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:

Sandra B. Northam

9/2/97

(503)603-2606

CR2E034 (4/97)