


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

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P36707** (8)  
1. Corporation Name  
**AMERICOLD SERVICES CORPORATION**

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

2. Principal Place of Business <b>21 One Concourse Parkway</b> Suite, Apt. #, etc. <b>22 Suite 450</b> City & State <b>23 Atlanta, GA</b> Zip <b>24 30328</b> Country <b>25 USA</b>		2a. Mailing Address <b>26 One Concourse Parkway</b> Suite, Apt. #, etc. <b>27 Suite 450</b> City & State <b>28 Atlanta, GA</b> Zip <b>29 30328</b> Country <b>30 USA</b>		3. Date Incorporated or Qualified <b>12/12/1991</b>
		4. FEI Number <b>93-0987431</b>	Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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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

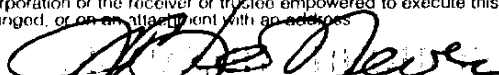
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PCD DYKEHOUSE, RONALD H. 7007 SW CARDINAL LN #135 PORTLAND OR</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>P/CEO DANIEL F. McNAMARA One Concourse Parkway, Suite 450 Atlanta, GA 30328</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD SMITH, JOEL M. 7007 SW CARDINAL LN #135 PORTLAND OR</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>Robert Friedberg Park 80 West, Plaza II Saddle Brook, NJ 07663</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TV LENEVE, LON V. 7007 SW CARDINAL LN #135 PORTLAND OR</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>VP/CFO JOEL M. Smith One Concourse Parkway, Suite 450 Atlanta, GA 30328</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S BOOTH, BRIAN G. 888 SW 5TH #1000 PORTLAND OR</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V LENEVEU, JOHN P. 7007 SW CARDINAL LN #135 PORTLAND OR</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V SENA, F. STANLEY 7007 SW CARDINAL LN #135 PORTLAND OR</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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:

 John P. LeNeveu 4/23/98 (503) 603-2632

CR2E034 (10/97)