

1.) CORPORATION NAME:

**ROGERS REFRIGERATION CO., INC.**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060**

SCC ID NO: **00874453**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12999 ST CHARLES ROCK ROAD

CITY/ST/ZIP: BRIDGETON, MO 63044

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID REGNERY	
TITLE:	PRESIDENT	
ADDRESS:	ONE CENTENNIAL AVE	
CITY/ST/ZIP/CO:	PISCATAWAY , NJ 08854	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LAWRENCE R KURLAND	
TITLE:	VICE PRESIDENT	
ADDRESS:	1 CENTENNIAL	
CITY/ST/ZIP/CO:	PISCATAWAY, NJ 08855	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARIA F BLASÉ	
TITLE:	VP FIN/CORP CON	
ADDRESS:	12999 ST CHARLES ROCK RD	
CITY/ST/ZIP/CO:	BRIDGETON, MO 63044	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DENNIS GIPSON	
TITLE:	VICE PRESIDENT	
ADDRESS:	12999 ST. CHARLES ROCK ROAD	
CITY/ST/ZIP/CO:	BRIDGETON, MO 63044	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BARBARA A SANTORO	
TITLE:	SECRETARY	
ADDRESS:	1 CENTENNIAL	
CITY/ST/ZIP/CO:	PISCATAWAY, NJ 08855	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	EILEEN PETITO	
TITLE:	ASST SEC	
ADDRESS:	12999 ST CHARLES ROCK RD	
CITY/ST/ZIP/CO:	BRIDGETON, MO 63044	

NAME: MARY KATHLEEN PADFIELD TITLE: ASST SECRETARY ADDRESS: 12999 ST. CHARLES ROCK ROAD CITY/ST/ZIP/CO: BRIDGETON, MO 63044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

NAME: DAVID S KUHL TITLE: DIRECTOR ADDRESS: 1 CENTENNIAL CITY/ST/ZIP/CO: PISCATAWAY, NJ 08855	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: ROGER CRANMER TITLE: ASST TREASURER ADDRESS: ONE CENTENNIAL AVE CITY/ST/ZIP/CO: PISCATAWAY , NJ 08854	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ROGER CRANMER	ROGER CRANMER ,	6/5/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.