

1.) CORPORATION NAME:

UNITED REFRIGERATION, INC.

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0585713**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	150,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11401 ROOSEVELT BLVD

CITY/ST/ZIP: PHILADELPHIA, PA 19154

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.

<p>NAME: JOHN H REILLY, III TITLE: PRESIDENT ADDRESS: 306 ORCHARD WAY CITY/ST/ZIP/CO: WAYNE, PA 19087</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ELIZABETH REILLY TITLE: SECRETARY ADDRESS: 1310 MONTGOMERY AVE CITY/ST/ZIP/CO: ROSEMONT, PA 19010</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CARMEN CAROSELLA TITLE: ASST SECRETARY ADDRESS: 1600 HAGYS FORD ROAD APT 3J CITY/ST/ZIP/CO: PENN VALLEY, PA 19072</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: NICHOLAS V HOPE TITLE: TREASURER ADDRESS: 74 GOVERNOR MARKHAM CITY/ST/ZIP/CO: GLEN MILLS, PA 19342</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOSEPH S HUNTOWSKI TITLE: ASST TREASURER ADDRESS: 28 WOODBROOK AVENUE CITY/ST/ZIP/CO: VOORHEES, NJ 08043</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN H REILLY JR TITLE: CHAIRMAN ADDRESS: 408 S BEACH ROAD CITY/ST/ZIP/CO: HOBE SOUND, FL 33455</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: ROGER RIST TITLE: VP, SALES ADDRESS: 1 HUNTINGTON CIRCLE CITY/ST/ZIP/CO: MEDFORD, NJ 08055	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
---	---	-----------------------------------

NAME: KEITH N LEONARD TITLE: ASST SECRETARY ADDRESS: 15 SPRINGWATER LANE CITY/ST/ZIP/CO: GLEN MILLS, PA 19342	<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/ JOSEPH S HUNTOWSKI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOSEPH S HUNTOWSKI, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	8/30/2012 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.