

1.) CORPORATION NAME:

UNITED REFRIGERATION, INC.

DUE DATE: **8/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0585713**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11401 ROOSEVELT BOULEVARD

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/CEO ADDRESS: 11401 ROOSEVELT BOULEVARD CITY/ST/ZIP/CO: PHILADELPHIA, PA 19154</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ELIZABETH REILLY TITLE: SECRETARY/VP ADDRESS: 11401 ROOSEVELT BOULEVARD CITY/ST/ZIP/CO: PHILADELPHIA, PA 19154</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROGER RIST TITLE: VP OF SALES ADDRESS: 11401 ROOSEVELT BOULEVARD CITY/ST/ZIP/CO: PHILADELPHIA, PA 19154</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: NICHOLAS V HOPE TITLE: TREASURER/EVP ADDRESS: 11401 ROOSEVELT BOULEVARD CITY/ST/ZIP/CO: PHILADELPHIA, PA 19154</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOSEPH HUNTOWSKI TITLE: ASST TREASURER ADDRESS: 11401 ROOSEVELT BOULEVARD CITY/ST/ZIP/CO: PHILADELPHIA, PA 19154</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CARMEN D CAROSELLA TITLE: ASST SECRETARY ADDRESS: 11401 ROOSEVELT BOULEVARD CITY/ST/ZIP/CO: PHILADELPHIA, PA 19154</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	KEITH N LEONARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	11401 ROOSEVELT BOULEVARD		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19154		

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.

<u>/s/ CARMEN D CAROSELLA</u>	<u>CARMEN D CAROSELLA, ASST</u>	<u>7/9/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.