



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

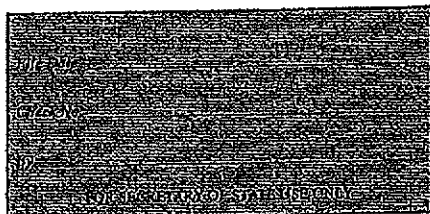
A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2515
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No.		2. Name of Corporation Nuco2, Inc.			
3. Street Address Principal Business Office 2800 SB Market Place			City Stuart	State FL	Zip 34997
4. Business Phone No. 772 221 1754		5. State of Incorporation Florida			
6. Brief Description of the Character of Business Conducted in Rhode Island Any and all lawful purposes					
NAME AND ADDRESS OF THE OFFICERS (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)					
President Name Michael B. DeDomenico			Vice President Name W. Scott Wade		
Street Address 2800 SB Market Place			Street Address 2800 SB Market Place		
City Stuart	State FL	Zip 34997	City Stuart	State FL	Zip 34997
Secretary Name Eric M. Wechsler			Treasurer Name Robert R. Galvin		
Street Address 2800 SB Market Place			Street Address 2800 SB Market Place		
City Stuart	State FL	Zip 34997	City Stuart	State FL	Zip 34997
NAME AND ADDRESS OF THE DIRECTORS (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)					
Director Name David Alpern			Director Name Larry Bossidy		
Street Address 2800 SB Market Place			Street Address 3800 SB Market Place		
City Stuart	State FL	Zip 34997	City Stuart	State FL	Zip 34997
Director Name Michael E. DeDomenico			Director Name Dale Frey		
Street Address 2800 SB Market Place			Street Address 3800 SB Market Place		
City Stuart	State FL	Zip 34997	City Stuart	State FL	Zip 34997
ISSUED SHARES AUTHORIZED TO BE ISSUED BY THE CORPORATION (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)					
AUTHORIZED SHARES			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	Common	Ø	100	Common	Ø
THIS SECTION MUST BE COMPLETED					

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: Eric M. Wechsler Date: 12-9-08

Print or Type Name

Secretary

Title

Form 630 Rev. 12/06

FILED

DEC 10 2008

By JPB 15517