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Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000000583 (5)

1. Corporation Name
GENERAL STEAMSHIP AGENCIES, INC.



Principal Place of Business
**POST OFFICE BOX 193450
 SAN FRANCISCO CA 94119-3450**

Mailing Address
**POST OFFICE BOX 193450
 SAN FRANCISCO CA 94119-3450**

3. Date Incorporated or Qualified
02/08/1993

3a. Date of Last Report
05/01/1996

4. FEI Number
94-3169159

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 One California St.
 Suite, Apt. #, etc.

22 **Suite 2000**
 City & State

23 **San Francisco, CA**
 Zip Country

24 **94111** 25 **U.S.**

2a. Mailing Address
26 One California St.
 Suite, Apt. #, etc.

27 **Suite 2000**
 City & State

28 **San Francisco, CA**
 Zip Country

29 **94111** 30 **U.S.**

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, G S	
STREET ADDRESS	ONE CALIFORNIA ST., STE. 2000	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PAGE, H D	
STREET ADDRESS	ONE CALIFORNIA ST., STE. 2000	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BLACKMORE, J A	
STREET ADDRESS	300 ELLIOTT AVENUE W., STE. 315	
CITY-ST-ZIP	SEATTLE WA 98119	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MAHONEY, J R	
STREET ADDRESS	ONE CALIFORNIA ST., STE. 2000	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	CFOD	<input type="checkbox"/> DELETE
NAME	SABARESE, M F	
STREET ADDRESS	ONE CALIFORNIA ST., STE. 2000	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HALE, L	
STREET ADDRESS	ONE CALIFORNIA ST. STE 2000	
CITY-ST-ZIP	SAN FRANCISCO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JONES S. M.	
2.3 STREET ADDRESS	One California St., Ste. 2000	
2.4 CITY-ST-ZIP	San Francisco, CA 94111	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILLIAMS, R. J.	
3.3 STREET ADDRESS	One California St., Ste. 2000	
3.4 CITY-ST-ZIP	San Francisco, CA 94111	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WONG, B. T.	
4.3 STREET ADDRESS	One California St., Ste. 2000	
4.4 CITY-ST-ZIP	San Francisco, CA 94111	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WILLIAMS, R. J.	
6.3 STREET ADDRESS	One California St., Ste. 2000	
6.4 CITY-ST-ZIP	San Francisco, CA 94111	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: *R. J. Williams* **R. J. Williams Secretary 17-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)