

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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: **One California Street Suite 2000 San Francisco, CA 94111**
 Mailing Address: **Post Office Box 193450 San Francisco, CA 94119-3450**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:
 21 **One California Street**
 Suite, Apt. #, etc.: **2000**
 City & State: **San Francisco, CA**
 Zip: **94111** Country: **U.S.A.**

2a. Mailing Address:
 26 **Post Office Box 193450**
 Suite, Apt. #, etc.:
 City & State: **San Francisco, CA**
 Zip: **94119-3450** Country: **U.S.A.**

3. Date Incorporated or Qualified: **2/8/93**

4. FEI Number: **94-3169159** Applied For: Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
C T Corporation System
1200 South Pine Island Road
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 agree to the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Name of Registered Agent is required when registering) 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	VPD	<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 type="checkbox"/> DELETE
NAME	Williams, R. J.	
STREET ADDRESS	One California St., Ste. 2000	
CITY-ST-ZIP	San Francisco, CA 94111	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	VP
23 STREET ADDRESS	Webber, W. S.
24 CITY-ST-ZIP	300 Elliott Avenue W., Ste 315
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Asst. Secty
63 STREET ADDRESS	Monjure, M. F.
64 CITY-ST-ZIP	One California St., Ste. 2000
	San Francisco, CA 94111

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14. I hereby certify that the information reported on this 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, and that I have been empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as required by law.

SIGNATURE: *R. J. Williams*
R. J. Williams, Secretary 4-7-98 (415) 772-9200

CR2E034 (10/97)