

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90119 040 ***150.00

DOCUMENT # F93000000583

1. Entity Name

GENERAL STEAMSHIP AGENCIES, INC.

Principal Place of Business

575 REDWOOD HIGHWAY
 SUITE 200
 MILL VALLEY CA 94941
 US

Mailing Address

575 REDWOOD HIGHWAY
 SUITE 200
 MILL VALLEY CA 94941-3007
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-3169159

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, G S	
STREET ADDRESS	575 REDWOOD HIGHWAY, SUITE 200	
CITY-ST-ZIP	MILL VALLEY CA 94941	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PAGE, H D	
STREET ADDRESS	575 REDWOOD HIGHWAY, SUITE 200	
CITY-ST-ZIP	MILL VALLEY CA 94941	
TITLE	VDP	<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	575 REDWOOD HIGHWAY, SUITE 200	
CITY-ST-ZIP	MILL VALLEY CA 94941	
TITLE	CFOD	<input type="checkbox"/> Delete
NAME	SABARESE, M F	
STREET ADDRESS	575 REDWOOD HIGHWAY, SUITE 200	
CITY-ST-ZIP	MILL VALLEY CA 94941	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, R J	
STREET ADDRESS	575 REDWOOD HIGHWAY, SUITE 200	
CITY-ST-ZIP	MILL VALLEY CA 94941	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R Williams

3/28/00 415 389-5242
 Date Daytime Phone #

CR2E034 (9/99)