

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90231 004 ***150.00

DOCUMENT # **F99000002091**



1. Entity Name
STATE STREET SHIPPING AGENCY, INC.

Principal Place of Business
**4100 ONE ST LOUIS CENTRE
MOBILE AL 36602**

Mailing Address
**4100 ONE ST LOUIS CENTRE
MOBILE AL 36602**



2. Principal Place of Business

One Saint Louis Centre

3. Mailing Address

One Saint Louis Centre

Suite, Apt. #, etc.

Suite 3002

Suite, Apt. #, etc.

Suite 3002

City & State

Mobile, AL

City & State

Mobile, AL

Zip

36602

Country

Zip

36602

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **63-1222618**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	RUTHERFORD, J. SCHLEY	4100 ONE ST LOUIS CENTRE	MOBILE AL 36602	<input type="checkbox"/>
PCEO	THURBER, H.W. III	4100 ONE ST LOUIS CENTRE	MOBILE AL 36602	<input type="checkbox"/>
S	ALLEN, RACHEL	4100 ONE ST LOUIS CENTRE	MOBILE AL 36602	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
C	Rutherford, J. Schley	One Saint Louis Centre Ste 3002	Mobile, AL 36602	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PCEO	Thurber, H.W. III	One Saint Louis Centre Ste 3002	Mobile, AL 36602	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Allen, Rachel	One Saint Louis Centre Ste 3002	Mobile, AL 36602	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rachel Allen* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03

DATE

251-433-5410

DAYTIME PHONE #

CR2E034 (10/02)