

ACCOUNT NO. : 072100000032

REFERENCE: 311116 4703877

AUTHORIZATION :

Patucia Paris COST LIMIT : \$ 35.00

ORDER DATE: March 27, 1997

ORDER TIME : 10:13 AM

ORDER NO. : 311116-020

CUSTOMER NO:

4703877

300002130443--8

CUSTOMER: Ms. Jane Milam

Crowley Maritime Corporation

155 Grand Avenue

Oakland, CA 94612

CHANGE OF AGENT

CROWLEY AMERICAN TRANSPORT,

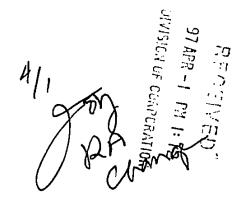
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

NAME:

CONTACT PERSON: Paula K. Kendrick



Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections Florida Statutes, the undersigned corpo DELAWARE submits the following	oration organiz	ed under the laws of t	the Sta	te of	3
or registered agent, or both, in the Sta			J		
1a. The name of the corporation is:			SEC	97	naic.
CROWLEY AMERICAN	TRANSPORT, IN	ک. 	<u> 국</u> 윤	APR	esser E
1b. Date of incorporation: 10-23-	56	Document number_	TARY ASSE	-	rusel b
2. The name and address of the curre C T CORPORATION SYSTEM	ent registered a	agent and office:	OF STATE	PH 2: 58	Jen Dere
1200 SO. PINE ISLAND DRIVE PLA	ANTATION	FL	Σ,,	33324	
3. The name and address of the new (P.O. Box Not Acceptable CORPORATION SERVICE COMPANY	_	nt and office:			-
1201 Hays Street, Tallahassee, Florida 32301					
The street address of its registered age of its registered agent as changed will Such change was authorized by resolution an officer so authorized by the board.	be identical.	ted by its board of dir			
Sour Shuman	TANA G. S SECRETAR				
SIGNATURE MAR 25 1997 DATE	Туре	d or printed name and	title		
HAVING BEEN NAMED AS REGISTER PROCESS FOR THE ABOVE STATED IN THIS CERTIFICATE, I HEREBY ACC AGENT AND AGREE TO ACT IN THIS WITH THE PROVISIONS OF ALL STAPLETE PERFORMANCE OF MY DUTIE THE OBLIGATION OF MY POSITION A	CORPORATION DEPT THE APP CAPACITY. TUTES RELAT S, AND I AM I AS REGISTERS	N AT THE PLACE DES OINTMENT AS REGIS I FURTHER AGREE TO IVE TO THE PROPER FAMILIAR WITH AND ID AGENT. ORPORATION SERVICE VICKI SCHREIBER	SIGNA STEREI O COM AND (ACCE	TED O IPLY COM- EPT	
	DATE	212. <i>10</i> 2			

DATE

DEBIT MEMORANDUM

TO: DEPARTMENT OF STATE

FOR OFFICIAL USE NUMBER

. Hogither marries "

STATE OF FLORIDA OFFICE OF STATE TREASURER TALLAHASSEE FLORIDA

**************************************	AMOUNT	REASON RETURNED	KEY	#	*		*
GENERAL REVENUE		INSUFFICIENT FUNDS		1	*		*
TRUST	1,356.25	ACCOUNT CLOSED		2	*	2	*
OTHER		UNCOLLECTED'S FUNDS		3	*		#
TOTAL	1,356.25	OTHER		4	*		*

CROSS	DISTRIBUTION				
REF	SAMAS CODE	REASON	AMOUNT		
12	45-20-2-130001-45300000-00-000100-00	4	8.75		
12	45-20-2-130001-45300000-00-000100-00	4	122.50		
12	45-20-2-130001-45300000-00-000100-00	. 1	122.50		
12	45-20-2-130001-45300000-00-000100-00	1	122.50		
12	45-20-2-130001-45300000-00-000100-00	1	131.25		
12	45-20-2-130001-45300000-00-000100-00	4	848.75		

GRAND TOTAL:

1,356.25

849.75 42.44 72.888 - F

E000021%7-91005--001 *****891:19 *****891:19 *****891:19 *****891:19 *****891:19 *****891:19 ******891:19 ******891:19 ******891:19

Process Date: 02/14/97

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

State Treasurer