## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M9800000209						00 500 1 08 04 06				
1. Entity Name AMERICAN SHIP MANAGEMENT, LLC						00 FEB -4 PM 2: 26				
	,	•			-	SECRETAR TALLAHASS				
Principal Plac	e of Business	Mailing Address				IALLARAGO	EE, LUN	IDH		
2175 NORTH CALIFORNIA BLVD SUITE 1000 2175 NORTH CALIFORN				SUITE 1000						
WALNUT CREE	EK CA 94596	WALNUT CREEK CA 945	96-7395							
2. Principal P	lace of Business	3. Mailing Address				I SUMBANDIT IEM EMIME TATIE MENTE MULTI		ا ۱۱۹۱۱ و۱۱۹ سمبر		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEII	4. FEI Number 04 4000007 Applied			plied For		
		Zip Coun		trv		91-1862237		No <b>00 A</b> dd	ot Applical. Steant	
Zìp	Country	Zip	Coun	u y		ificate of Status Desired	Fee	Require		
	6. Name and Address of Current	Registered Agent		Name	7. Nam	e and Address of New Re	gistered Agen	<u> </u>		
CORPORATION SERVICE COMPANY				Street Addres	ss (P.O. Box Number is Not Acceptable)					
	S STREET									
IALLAMAS	SSEE FL 32301-2525			City		<del>.</del>	FL	Zip Code		
						ar bath in the Clote of Flori	ГЬ			
8. The above	named entity submits this statement for	or the purpose of changing it	s registere	ea onice or regis	stered agent,	or both, in the State of Fion	da.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	d Agent signature requ	ired when reinstat	ing)	DATE			
		FILE N	IOWIII I	FEE IS \$50.0	n			•		
		Make Check P								
9.	MANAGING MEME	 BERS/MEMBERS	10.			ADDITIONS/C	CHANGES			
TITLE	MGRM	□ Celeta	TITL	1			_	Change		
NAME STREET ADDRESS	PATRIOT HOLDINGS, LLC 2175 NORTH CALIFORNIA BLVD	SUITE 1000 STR		E Et adoress		100003 -02/08	1280	171 118	—— <b>1</b> -002	
CITY-ST-ZIP	WALNUT CREEK CA 94596		_	- ST- ZCP		一	<u>55.00 _*</u>	****	٠ <u>٥</u> ٩٠,00	
TITLE NAME	MGRM PATRIOT CONTRACT SERVICES	□ Delets . LLC	TITU Mam	1		\ 1	U	Change	L	
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MANE STREET ADDRESS			NAM Stre	E ET ACORESS						
CITY- XT-ZIP			СПА	- \$T- ZUP						
indicated	certify that the information supplied wit on this report is true and accurate an	d that my signature shall have	e the same	e legal effect as	if made unde	er oath: that I am a manacii	iurther certify thing member or	nat the ir manage	nformation or of the	
limited lia	bility company or the receiver or truste	empowered to execute this	s report as	required by Ch	apter 608, Fl	onua Statutes.				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/26/00 (925) 296-2045

Daytime Phone #