FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P40236** **(2)**

1. Corporation Name

MSC MARITIME CO.

Principal Place of Business

3457 GUINGNARD DR
~~1975 E. SUNRISE BLVD. SUITE 764~~
HOOD RIVER OR 97031
US

Mailing Address

MARITIME SERVICES CORP.
3457 GUIGNARD DR.
HOOD RIVER OR 97031
US

2. Principal Place of Business

21 3457 GUIGNARD DR.
Suite, Apt. #, etc.
22
City & State
23 HOOD RIVER, OR
Zip 24 97031 Country 25 USA

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **08/27/1992**

3a. Date of Last Report: **06/12/1995**

4. FEI Number: **93-0933522** [ ] 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 has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MARTIN G. BROOKS, P.A.
4600 SHERIDAN STREET, SUITE #300
HOLLYWOOD FL 33021

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable — DATE — Registered Agent's Business Address (Street No. and Name)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SELFRIDGE, GEORGE L.
STREET ADDRESS	3360 AVALON DR.
CITY-ST-ZIP	HOOD RIVER OR
[ ] DELETE	
TITLE	ST
NAME	THOMAS, DIANNA L
STREET ADDRESS	1425 E 21ST ST
CITY-ST-ZIP	THE DALLES OR
[ ] DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
[ ] DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
[ ] DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
[ ] DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
[ ] DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] Change [ ] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [ ] Change [ ] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [ ] Change [ ] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [ ] Change [ ] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [ ] Change [ ] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [ ] Change [ ] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SEC/TRESURER 4/4/96 SD3 386 1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (12/95)