ANNUAL REPORT TO THE

INTERSTATE COMMERCE COMMISSION

INTERSTATE Freight Forwarders COMMERCE COMMISSION RECEIVED (Class B)

1978

Annual Report Form F-2

> Approved by GAO B-180230 (R0253) Expires 10-31-79

Date Due March ADMINISTRATIVE SERVICES

MAU UNIT

I. CORRECT NAME AND ADDRESS IF DIFFERENT THAN SHOWN (See instructions)

AUSTASIA CONTAINER EXPRESS C/O AMERICAN CONTAINER EXPRESS, INC. 303 EAST OHIO STREET - SUITE 2102 CHICAGO, ILLINOIS 60611

FF000453 AUSTASION EDISON PLA. STY 2360 DEWROLT

2. State whether respondent is an individual ow	ner, partnership, corporation, association, etc.	
3. If a partnership, state the names and address	es of each partner including silent or limited, and their in	nterests
Name	Address	Proportion of Inte

Name	Address	Proportion of Interest
		L
are tiglion or other similar	form of enterprise, give the date and State of incorporation of	r organization

Data April 20 19_24	orise, give the date and State of incorporation or organization. State of Michigan
	Title President
Name John C. Gillett	Title Vice President
Name	11116

5. If respondent is a corporation or association, give for each of its five largest stockholders at close of year the following information

Name	Address	Number of votes to which entitled
Glenn W. Scherkenbach	Chicago, Illinois	100,000
John C. Gillett	Chicago, Illinois	100,000
Geoffrey : Talbot	Melbourne, Australia	100,000

6. Disclose fully any affiliation or connection of the forwarder with any rail, motor, or water carrier, or with any shipper that community uses the services of a freight forwarder N/A

7. Give the names of States in which traffic is originated and/or terminated Michigan and Ohio

Schedule 13.-SUMMARY OF FREIGHT LOSS AND DAMAGE CLAIMS

This schedule was adopted by the Commission in No. 35345 (Sub-No. 2) July 1, 1977.

Approved by GAO Effective 12-23-77

Exclude from this schedule the revenues and claims incurred in connection with freight forwarder services and shipments which have a prior or subsequent movement by air. Line I should show all freight forwarder revenue in Account 501. Line 2 should show the number of claims paid during the year for robbery, theft and pilferage, and other shortage as defined below:

Robbery - Failure to deliver all or part of a shipment as the result of stealing, including hija/king, with the use of force or threat of force against a person or persons.

Claims for physical damage to freight in the same or other shipments resulting from robbery should be reported under Robbery.

Theft and Pilferage - Failure to deliver all or part of a shipment as the result of known stealing, or under circumstances indicating the probable cause was stealing, without use of force or threat of force against a person or persons, when it is known the freight was in the carrier's custody. (Note: Claims for physical damage to freight in the same or other shipments resulting directly from theft or pilferage should be reported under Theft and Pilferage.

Other Shortage - Failure to deliver all or part of a shipment for unknown reasons. This includes the unexplained disappearance of all or part of a shipment for reasons other than robbery or theft and pilferage as defined above.

Line 3 should show the number of all other claims paid in full or in part during the year not reported on line 2

Line 4 should include the net dollar amount of claims paid during the year. This includes claims paid in full or paid in part, less amounts recovered from underlying carriers, salvage, insurance, and claim refund cancellations

Line 5 show the ratio in percentage form (two decimal places).

Line	Item	
No.	(a)	
1	Freight revenue (Account 501)	5
2	Number of theft related claims paid	
3	Number of other claims paid	
4	Net dollars paid (See instructions)	 s —————
5	Claims expense/revenue ratio (line 4 - 1)	

		Total liabilities \$	13,199
B. Balance close of year: To			; Surplus \$ (13,199)
	, Proprietorial capital		
	enue from and expenses of forwarder ope		21/. /.60
	ippers 5 214,460 ; Others 5 —		1/7 0/5
L	ess: Transportation purchased		
	Net forwarder revenue	.	46,490
Expenses: T	otal expenses including taxes other than		0.000
	nployees that were regularly employed du		6
years, such as transfer Corporation f No operations	of important changes during the year affect of ownership, leasing of property and equiled in Bankruptcy Court un have taken place after that	nder Chapter XI on	November 6, 1978.
12. Name, title, telephone	number and address of the person to be	contacted concerning this	
NAME Glenn W. Sc	herkenbach TITI	LE Preside	ent .
	(312) (Area code)	467-5590	
TELEPHONE NUMBER -	(Area code)		
OFFICE ADDRESS	303 East Ohio Street - Su	ite 2102 Ch	nicago, Illinois 60611
State ofIllinois	(To be made by officer having control of) ss:		
County of Cook		Pres	ident
Glenn W. Scho	erkenbach makes oath and sage of the affiant)	vs that he is	nere the offical title of the affiant)
	Austasia Containe		
of	(Insert here the exact legal title o		
that he has carefully examing so far as they relate to matt that he believes that all oth statement of the busin	pervision over the books of account of the reserved the said report and to the best of his kneers of account, been accurately taken from the restatements of fact contained in the said ress and affairs of the above-named	the said books of account an eport are true, and that the s respondent during the	d are in exact accordance therewith
cluding	_ x	· Mun /h/h	ere of affiant)
Subscribed and sworn	wareh 1979 My	commission expires	Thee 16, 1982
this day of		Clean	Dasa
Use an L.S.		(Signature of officer au	fborued to administer caths)
Impression Seal			

FOLLOW ALL INSTRUCTIONS CAREFULLY

- 1. Remove the mailing label from the cover and attach the label to the top of page 1 of the report form to be filed. The mailing label should NOT be altered. If the name and address on the mailing label are incorrect, insert your correct name, address, and NF number in the space provided to the left. The carrier mailing address is the company address where correspondence regarding accounting and reporting matters is to be directed, but not the address of any independent auditor or CPA.
- 2. All freight forwarders having average annual gross operating revenues of less than \$100,000 are required to file Form F-2. Three copies of this form should be filled out and two copies, the original of which must be the copy containing the mailing label, returned to the Bureau of Accounts, Interstate Commerce Commission, Washington, D. C. 20423, by March 31 of the year following the year for which the report is made. The remaining copy should be retained by the carrier for reference
- 3. Unless otherwise explained, the carrier should report its entire operations for the year of the report. If operations are for less than a year, the report should so indicate under remarks.
- 4. Full and accurate replies should be made to all items and schedules. Money items should be shown in units of dollars
- 5. Annual report form F-1 is prescribed for freight forwarders having average annual gross operating revenues of \$100,000 or more.
- 6. Inquiries concerning the reporting requirements or preparation of the report should be addressed to the Bureau of Accounts at the above address.