FF-000409 CON TRA MAR 1978

# ANNUAL REPORT TO THE

INTERSTATE COMMERCE COMMISSION
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Annual Report Form F-2

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

Freight Forwarders (Class B) 1978

Date Due: March 31, 1979

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

725 TRA B FF000409 CON CTMC CON TRA MAR P. G. BOX 1171 TX 77001 HOUSTON

2. State whether respondent is an individual		rporation
5. If a partnership, state the names and addr	esses of each partner including silent or limited, and the	Proportion of Interes
Name		
4. If a corporation, association or other simple March 13 19 68  Give the names and titles of principal general services of the control of th	nular form of enterprise, give the date and State of incores State of Texas  President  Title Vice-President  Title Secretary-Treasure  Title Secretary-Treasure  Title Secretary-Treasure	er

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

If respondent is a corporation	Address	Number of votes to which encoded
Name	5614 Pine St. Houston, Texas	180%
A. G. Adams Joseph LaBarbera	5614 Pine St. Houston, Texas Boute 3. Box 306-1 Houston, Texas 5614 Pine St. Houston, Texas	0
Annie Adams	describ any rail motor, or water carrier, or with any s	higher that commonly

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

none

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

# 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 hijacking, 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

Theft and Pilferage - Failure to deliver all or part of a shipment as the result of known stealing, or under circumstances indicating the probable Robbery . 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

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

Line 3 should show the number of all o per 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 No.	Item (a)	
	10 10 10 10 10 10 10 10 10 10 10 10 10 1	0-
. 1	Freight revenue (Account 501)	-0-
, 1	Number of theft related claims paid	-0-
1	Number of other claims paid	-0-
	Net dollars paid (See instructions	-0- 9
5	Claims expense/revenue ratio (line 4 + 1)	

8. Balance close of year:	Total assets \$ 450,939.6	53 Tota	1 liabilities 5 278,2	70.20
Capital stock 5 12	,700.00 Proprie	torial capital 5		Surplus 5 179,829.43
9. Give the amount of	revenue from and expenses of	forwarder operation	ss during the year, classi	fied as follows:
Revenue: From	shippers s none	Others 5nor	ne Total 5	-0-
	Less: Transportation purchases	d	s	-0-
	Net forwarder reveni	ue		-0-
Expenses	Total expenses including taxes	other than incom	e taxes	-0-
10. State the number of	employees that were regularly	employed during th	ne year 30	
no freight fo	ent of important changes during to r of ownership, leasing of prop prwarding revenue during to number and address of the p	ring the past	t year. See att	, financial arrangements, etc.
NAME Lola Bosti		TITLE	Accountant	
TTI EDUCATE MILITER	713- 676-2301			
TELEPHONE NUMBER	(Area code)		(Telephone number)	
OFFICE ADDRESS	P.O. Box 1171		Houston, Texa	s 77001
OTTICE ADDRESS —	(Str	eet and number)	(City	y, State, and ZIP Code)
		OATH		
	(To be made by officer having	g control of the ac	counting of the respond	ent)
State of Texas				
Communic Harris	557			
County of Hours				
Lola Bostick	THE PARTY OF THE PROPERTY OF T	oath and says that	he is Accounta	nt offical title of the afficant)
9				se offical title of the afficant)
of Houston Con	tainer & Trailer Man	THE PROPERTY OF THE PARTY OF TH	DEM COTENTIAL AND	
	Whole have the Era	ct legal title or same c	the respondent)	
that he has carefully exami- so far as they relate to mati- that he believes that all oth	pervision over the books of accounted the said report and to the beers of account, been accurately the statements of fact contained the said affairs of the about	est of his knowledge taken from the said in the said report ar	and belief the entries co books of account and are e true, and that the said of	ntained in the said report have, in exact accordance therewith; eport is a correct and complete
cluding January 1	, 1978, to	and including-	December 31	
			Lala Ba	atrick
	to before me a Note	ry	(Signature of	afficient)
Subscribed and sworn	to octore and a			e and county above named,
this 20th day of-	February 19	79 My Commiss	ion expires - 101	1/17/
Use on 1.5		-	Valeria 1	Vary
Use an L.S. Impression			trignature of officer authorized	d to administer baths)
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 FF 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.