

FF-000 349 DEPENDABLE AUTO SHIPPERS, INC. 1978

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ANNUAL REPORT TO THE

INTERSTATE COMMERCE COMMISSION
INTERSTATE
COMMERCE COMMISSION
RECEIVED

Freight Forwarders
(Class B)

MAR 14 1979

Annual Report Form
F-2

1978

ADMINISTRATIVE SERVICES
MAIL UNIT

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

Date Due: March 31, 1979

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

FF000349 DEPENDAAUTO B O B O
OASC DEPENDABLE AUTO SHIPPERS, INC.
SUITE 200A
130 WEST 42ND STREET
NEW YORK NY 10036

2. State whether respondent is an individual owner, partnership, corporation, association, etc. CORPORATION
3. If a partnership, state the names and addresses of each partner including silent or limited, and their interests:

Name	Address	Proportion of Interest

4. If a corporation, association or other similar form of enterprise, give the date and State of incorporation or organization.
Date APRIL 29 1968 State of NY

Give the names and titles of principal general officers

Name SAM LONDON	Title PRES
Name MURRIS LONDON	Title SECY
Name	Title

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
SAM LONDON	28-14 153 rd ST.	20 100 70
MURRIS LONDON	ROUSHING N.Y. 11358	50 70

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.

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 1 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 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 No.	Item (a)	
1	Freight revenue (Account 501) _____	\$ NONE
2	Number of theft related claims paid _____	NONE
3	Number of other claims paid _____	NONE
4	Net dollars paid (See instructions) _____	\$ NONE
5	Claims expense/revenue ratio (line 4 ÷ 1) _____	NONE

8. Balance close of year: Total assets \$ NONE; Total liabilities \$ 5474.
 Capital stock \$ 3000; Proprietorial capital \$ _____; Surplus \$ (8224)

9. Give the amount of revenue from and expenses of forwarder operations during the year, classified as follows:
 Revenue: From shippers \$ NONE; Others \$ NONE Total \$ NONE
 Less: Transportation purchased _____ \$ NONE
 Net forwarder revenue _____ \$ 250.
 Expenses: Total expenses including taxes other than income taxes _____ \$ NONE

10. State the number of employees that were regularly employed during the year _____
 11. Give a concise statement of important changes during the year affecting comparisons of returns in this report with report of previous years, such as transfer of ownership, leasing of property and equipment, location of operations, financial arrangements, etc.
NONE

12. Name, title, telephone number and address of the person to be contacted concerning this report:
 NAME SAM LONDON TITLE PRES
 TELEPHONE NUMBER 212 (Area code) 840-6262 (Telephone number)
 OFFICE ADDRESS 130 W 42nd ST (Street and number) NY N.Y. 10036 (City, State, and ZIP Code)

OATH

(To be made by officer having control of the accounting of the respondent)

State of N.Y.
 County of N.Y.
SAM LONDON makes oath and says that he is PRES
 (Insert here the name of the affiant) (Insert here the official title of the affiant)
 of DEPENDABLE AUTO SHIPPERS INC
 (Insert here the exact legal title or name of the respondent)

that it is his duty to have supervision over the books of account of the respondent and to control the manner in which such books are kept; that he has carefully examined the said report and to the best of his knowledge and belief the entries contained in the said report have, so far as they relate to matters of account, been accurately taken from the said books of account and are in exact accordance therewith; that he believes that all other statements of fact contained in the said report are true, and that the said report is a correct and complete statement of the business and affairs of the above-named respondent during the period of time from and including

including 1/1, 1938, to and including 12/31, 1938
[Signature]
 (Signature of affiant)

Subscribed and sworn to before me, _____, in and for the State and county above named,
 this 2 day of March, 1938. My Commission expires _____

[Signature]
 (Signature of officer authorized to administer oaths)

Use an L.S. Impression Seal

EXAMINED BY REGISTERED
 STATE ACCOUNTANT NEW YORK
 [Signature]
 Expiration of License 20th County
 Governmental Building March 30, 1938

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.