FIVE STAR AIR FREIGHT CORP. FF000468

-FF000468

### ANNUAL REPORT TO THE

## INTERSTATE COMMERCE COMMISSION

Freight Forwarders (Class B)

1979

MAD 0 1 1000

Annual Report Form

Approved by GAO B-180230 (R0253) Expires 12-31-81

Date Due March 31, 1980

MAR 2 1 1980

131221

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

FF00468 5 Star Air BOB Five Star Air Freight Corporation 625 N. Governor Printz Blvd. Essington, Pa. 19029 NAME AND ADDRESS OF REPORTING CARRIER (Attach label from front cover on original, copy in full on duplicate)

- 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
	None Applicable	

4. If a corporation, association or other similar form of enterprise, give the date and State of incorporation or organization Date January 5 19 69 State of Pennsylvania

Name Donald Pettinelli
Name Dennis A. Gunn

Order Salvatore Sorace

Title Chairman of Board

Title President

Title Vice President/General Mgr.

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

Salvatore Sorace 1029 Crozer Lane, Springfield, Pa. 4 Holden Road, Cherry Hill, N.J.

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 Applicable

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 pilterage, 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 excepted from underlying carriers, salvage, insurance, and claim refund cancellations.

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

Line	Item (a)	
70		
1		0-
1	Freignt revenue (Account 501)	, -0-
2	Number of theft related claims paid	-0-
3	Number of other claims paid	-0-
4	Net dollars paid (See instructions)	S
5	Claims expense/revenue ratio (line 4 = 1)	

8. Balance close of year: Total ass	4,665,575	T-101 Habilities \$ 2,62	7,695
	cts 3	-, Total Habilities >	Surplus \$ 2,022,880
Capital stock \$ 15,000			
9. Give the amount of revenue fr			
Revenue: From shippers	s, Others \$	-U- Total 5 -	-0-
Less Tra	insportation purchased	5	-0-
	Net forwarder revenue	\$	-0-
	penses including taxes other than	income taxes	-0-
Expenses: Total exp	penses including taxes other than	110	
10. State the number of employees	s that were regularly employed du	uring the year	
Purchased land a	djacent to home of	fice site for f	uture expansion.
12. Name, title, telephone number			
NAME Robert A. De	Colli TIT		
TELEPHONE NUMBER	215 (Area code)	521-5555	r)
605 N	(Area code)		
OFFICE ADDRESS	(Street and nur	mber) (C	City, State, and ZIP Code)
(To be	made by officer having control of	f the accounting of the respe	ondent)
State of Pa.			
3	s:		
County of Delaware			
Dennis A. Gunn		ays that he is Vice Pre	esident/General Mgr.
(Insert nere the name of the a			
of Fobert DeColli,	General Accounting		
that it is his duty to have supervision that he has carefully examined the so far as they relate to matters of ac that he believes that all other states statement of the business and	said report and to the best of his kn count, been accurately taken from ments of fact contained in the said i	nowledge and belief the entries the said books of account and report are true, and that the sa	are in exact accordance therewith; id report is a correct and complete
cluding January 1	19 79 to and includ	December 31	79
cidaing	19—79 to and includ	Jane 4	Sur
	Almany De	(Signatur	e of affiant)
Subscribed and sworn to before	ore me. a NOTARY PUBL	, in and for the	State and county above named,
this 1974 day of MAYEC	, 1950 My	Commission expires DWARD T.	THOMPSON, Notary Public  WP., DELAWARE COUNTY
Use an L.S.		MY COMMISSI	ON EXPIRES OCT 22, 1983
Impression			
Scal		fram	/llongs

#### 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 aftered. 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.