GENERAL TRANSPAC SYSTEM FF000415

-000415

ANNUAL REPORT TO THE

INTERSTATE COMMERCE COMMISSION

MAR 3 1 1980

Freight Forwarders (Class B)

1979

Date Due March 31, 1980

Annual Report Form F-2

> Approved by GAO B-180230 (R0253)

Expires 12-31-81

1	CORRECT NAME	AND	ADDRESS	IF	DIFFERENT	THAN
	SHOWN (See instr	uction	s)			

FF000415 133221 8 0
GENERAL TRANSPAC SYSTEM
100 CALIFORNIA STRFE
SAN FRANCISCO CA 94111

Management of the names and addresses	of each partner including silent or limited, and th	eir interesti				
If a partnership, state the hands and addresses	a partnership, state the names and addresses of each partner including silent or limited, and their interests					
Name	Address	Proportion of Interes				
	orm of enterprise, give the date and State of incorp	poration or organization				
Date December 18, 1900	State of Mevada					
Name Walter H. Gmelch	. Vice President					
Name Ennid Roberts	Title Vice President/Secr	etary				

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

Name	Address	Number of votes to which entitled	
George J. Gmelch	956 Sacramento St., San Francisco, CA	5.50	
John A. Boucher	Box 266, San Mateo, CA 94401	100	
Harold A. Jim	6112 Collingwood Pl., Vancouver, B.C.	100	
Irving F. Lyons Pinehurst Corporation	142 Sansome Street, San Francisco, CA 1800 Ave. of the Stars, Los Angeles, CA	100	

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 .- SUMWARY 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 revices and shipments which have a prior or subsequent provement by air. Line I should show all freight forwarder revenue in Account 501. Line 2 should show the number of claims paid during the rear for robbery, theft and pilterage, and other shortage as defined below.

Robbery st alure 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.

Thefr 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 pillerage 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).

.inc	Item		
No.	(a)		
1	Freight revenue (Account 501)		
2	Number of theft related claims paid		
3	Number of other claims paid		
4	Net dollars paid (See instructions)	s -	NONE
	Claims expense/revenue ratio (line 4 = 1)		

8. Balance close of 1000 assets 5	Total slightlyies	(403,453)
Capital stock 5		
9. Give the amount of revenue from pod 67 genses of f	orwarder operations during th	he year, classified as follows:
Revenue: From shippers \$,		
Less: Transportation purchased		3 1 825
Net forwarder vevenu	c	Not available
Expenses: Total expenses including taxes		
10. State the number of employees that were regularly of		
 Give a concise statement of important changes during t years, such as transfer of ownership, leasing of prop 	ne year affecting comparisons of erty and equipment, location	of operations, financial arrangements, etc.
12. Name, title, telephone number and address of the po	Vice	President
NAME (415)	TITLE398-1	604
TELEPHONE NUMBER 100 California S	treet, San Francisc	one number) co, California 94111
OFFICE ADDRESS (Str.	eet and number)	(City, State, and ZIP Code)
	OATH	
(To be made by officer having	control of the accounting o	of the respondent)
California State of		
San Francisco ss		
County of Ennid Roberts		Vice President
General Transpac System	ath and says that he is	(Insert here the offical title of the affiant)
of (Insert here the exa-	t legal title or name of the respons	dent)
that it is his duty to have supervision over the books of account hat he has carefully examined the said report and to the books of as they relate to matters of account, been accurately that he believes that all other statements of fact contained statement of the business and affairs of the about January 1	est of his knowledge and belief taken from the said books of a n the said report are true, and overnamed respondent duri December	f the entries contained in the said report have, occurred and are in exact accordance therewith, that the said report is a correct and complete ing the period of time from and in-
cluding————, 19——, to	and including	0 1 1 1
Vota	A I to	(Signature of affinat)
Subscribed and sworn to before me. a fortung	in and	for the State and county above named,
this day of TARCK. 196	My Commission expires	
Use an L.S.	Josephen	Apechesia (office outhorized to administer paths)
Impression re-	CONTROL (Signature)	officer authorized to administer paths)
JOSEPHINE LUCCHESI SAN FRANCISCO COUNTY My Commission Croim Dec 14, 1582		

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.