

**2001 UNIFORM BUSINESS REPORT (UBR)**

**P3192**

0694045

**DOCUMENT # F92000000174**

1. Entity Name  
**AIU NORTH AMERICA, INC.**

**FILED:**

**01 MAY -1 PM 12:43**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>80 PINE STREET NEW YORK NY 10005 US</b>	Mailing Address <b>70 PINE ST. ATTN E M TUCK NEW YORK NY 10270 US</b>
-----------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-------------------------------------------------------	-------------------------------------------

City & State	City & State	4. FEI Number <b>13-2989593</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
-----------------------------------------------------------	---------------------------------------

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DEFINI, SALVATORE</b> <input checked="" type="checkbox"/> Delete <b>80 PINE STREET</b> <b>NEW YORK NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP</b> <input type="checkbox"/> Delete <b>FABEL, MERRITT W</b> <b>70 PINE STREET</b> <b>NEW YORK NY 10270</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>TUCK, ELIZABETH M</b> <b>70 PINE STREET</b> <b>NEW YORK NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>GREENBERG, EVAN G.</b> <b>70 PINE ST.</b> <b>NEW YORK NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GREENBERG, M R</b> <b>70 PINE STREET</b> <b>NEW YORK NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>TIZZIO, THOMAS R</b> <b>70 PINE STREET</b> <b>NEW YORK NY</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>KNIGHT GORDON</b> <b>175 Water street</b> <b>NEW YORK, NY 10038</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200004102812--5</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>waitkus, michael</b> <b>175 water street</b> <b>NEW YORK, NY 10038</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>175 water street</b> <b>NEW YORK, NY 10038</b> <b>SP</b>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth M. Tuck* Date: (22)770-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)

Pg 292



ACCOUNT NO. : 072100000032  
REFERENCE : 134356 4320171  
AUTHORIZATION :  
COST LIMIT : \$ 150.00

*Patricia Pizit*

ORDER DATE : May 1, 2001  
ORDER TIME : 10:51 AM  
ORDER NO. : 134356-085  
CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon  
American International Group,  
70 Pine Street  
30th Floor  
New York, NY 10270

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 MAY -1 PM 12:15  
NOT RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: AIU NORTH AMERICA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: \_\_\_\_\_