


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
05 APR 29 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F92000000174</b> 1. Entity Name AIU NORTH AMERICA, INC.					
Principal Place of Business 80 PINE STREET NEW YORK, NY 10005 US		Mailing Address 70 PINE ST. ATTN E M TUCK NEW YORK, NY 10270 US			
2. Principal Place of Business 70 Pine Street Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State New York, NY		City & State		4. FEI Number 13-2989593	
Zip 10270		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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		
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. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNIGHT, GORDON 175 WATER STREET NEW YORK, NY 10038	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP FABEL, MERRITT W 70 PINE STREET NEW YORK, NY 10270	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600053048316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCK, ELIZABETH M 70 PINE STREET NEW YORK, NY	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WAITKUS, MICHAEL 175 WATER STREET NEW YORK, NY 10038	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, MARTIN J 70 PINE STREET NEW YORK, NY	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Tyler, Nicholas C. 175 Water Street New York, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIZZIO, THOMAS R 175 WATER STREET NEW YORK, NY 10038	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Elizabeth M. Tuck</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>4-26-05</u> (212) 770-7000 <small>Daytime Phone #</small>	



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 343551 4320171
AUTHORIZATION : Patricia Pizute
COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2005
ORDER TIME : 10:29 AM
ORDER NO. : 343551-075
CUSTOMER NO: 4320171
CUSTOMER: Bernadette Colon
American International Group,
30th Floor, 70 Pine Street
- Corporate
New York, NY 10270

ANNUAL REPORT FILING

NAME: AIU NORTH AMERICA, INC.

RECEIVED
05 APR 29 PM 1:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 2956

EXAMINER'S INITIALS: