

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004884 (0)
1. Corporation Name
AIG WARRANTY SERVICES AND INSURANCE AGENCY, INC.



Principal Place of Business: 28588 NORTHWESTERN HWY., #475 SOUTHFIELD MI 48034
Mailing Address: 28588 NORTHWESTERN HWY., #475 SOUTHFIELD MI 48034-8336

3. Date Incorporated or Qualified: 09/23/1996
3a. Date of Last Report: 09/23/1996
4. FEI Number: 38-3301989
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 70 Pine Street Suite, Apt. #, etc.: 27 ATTN: E. M. TUCK City & State: 28 New York, NY Zip: 29 10270 Country: 30

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GALANSKI, STANLEY A | |
| STREET ADDRESS | 70 PINE ST., #14TH FLOOR | |
| CITY-ST-ZIP | NEW YORK NY 10270 | |
| TITLE | DC | <input checked="" type="checkbox"/> DELETE |
| NAME | KNIGHTEN, THOMAS A | |
| STREET ADDRESS | 70 PINE ST., #14TH FLOOR | |
| CITY-ST-ZIP | NEW YORK NY 10270 | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | CHESHIRE, SANDRA K | |
| STREET ADDRESS | 28588 NORTHWESTERN HWY., #475 | |
| CITY-ST-ZIP | SOUTHFIELD MI 48034 | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | DARNELL, DAVID C | |
| STREET ADDRESS | 28588 NORTHWESTERN HWY., #475 | |
| CITY-ST-ZIP | SOUTHFIELD MI 48034 | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | O'CONNOR, SHAUN | |
| STREET ADDRESS | 70 PINE ST., 14TH FLOOR | |
| CITY-ST-ZIP | NEW YORK NY 10270 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | CASTELLI, JOSEPH | |
| STREET ADDRESS | 99 JOHN ST., 19TH FLOOR | |
| CITY-ST-ZIP | NEW YORK NY 10270 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------|--|
| 1.1 TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | TUCK, Elizabeth M | |
| 1.3 STREET ADDRESS | 70 Pine Street | |
| 1.4 CITY-ST-ZIP | NEW YORK, NY 10270 | |
| 2.1 TITLE | COO/VP/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Vivori, Marc D | |
| 2.3 STREET ADDRESS | 99 John Street | |
| 2.4 CITY-ST-ZIP | NEW YORK, NY 10038 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth M Tuck 4/20/97 (1212)770-2000

CR2E034 (9/96)