

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 ATTN: E.M. TUCK 70 PINE STREET NEW YORK NY 10270
---	--

DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 09/23/1996	
4. FEI Number 38-3301989	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GALANSKI, STANLEY A	
STREET ADDRESS	70 PINE ST., #14TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10270	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TUCK, ELIZABETH M	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY 10270	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHESHIRE, SANDRA K	
STREET ADDRESS	28588 NORTHWESTERN HWY., #475	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DARNELL, DAVID C	
STREET ADDRESS	28588 NORTHWESTERN HWY., #475	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	V	<input 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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rupley, Theodore J.	
1.3 STREET ADDRESS	110 William Street	
1.4 CITY-ST-ZIP	New York, NY 10038	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Castelli, Joseph	
6.3 STREET ADDRESS	70 Pine Street	
6.4 CITY-ST-ZIP	New York, NY 10270	

14. 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 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.

CP2E034 (10/97)

4-29-98