

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

0544676

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90076 033 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F96000004884**

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

3. Date Incorporated or Qualified: **09/23/1996**

4. FEI Number: **38-3301989**

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 owes the current year Intangible Personal Property Tax.  Yes  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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RUPLEY, T J	
STREET ADDRESS	110 WILLIAM ST	
CITY-ST-ZIP	NY NY 10038	
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 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	70 PINE ST	
CITY-ST-ZIP	NEW YORK NY 10270	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BIEGHLEY, CARY	
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	P. COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HERNADEZ, REYMUENDO A.	
3.3 STREET ADDRESS	110 William Street	
3.4 CITY-ST-ZIP	New York, NY 10038	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Fabel, Merritt W.	
4.3 STREET ADDRESS	70 Pine Street	
4.4 CITY-ST-ZIP	New York, NY 10270	
5.1 TITLE	De Santis, Anthony	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AVP	
5.3 STREET ADDRESS	505 Carr Road	
5.4 CITY-ST-ZIP	Wilmington, DE	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	175 Water 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)(f), 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, with all other like empowered.

SIGNATURE: Elizabeth M. Tuck SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Elizabeth M. TUCK  
 Date: 4/29/99  
 Daytime Phone #: 212.770.7008

CR2E034 (1/198)