

2000 UNIFORM BUSINESS REPORT (UBR)

1062 15 19070

DOCUMENT # F96000004884

1. Entity Name
AIG WARRANTY SERVICES AND INSURANCE AGENCY, INC.

FILED

00 JUL -7 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
28588 NORTHWESTERN HWY.. #475 SOUTHFIELD MI 48034
ATTN: E.M. TUCK
70 PINE STREET
NEW YORK NY 10270-0002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 38-3301989		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BIEGHLEY, CARY 110 WILLIAM STREET NY NY 10038 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	pd/coo Frankel, Matthew W. 175 Water Street New York, NY 10038 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCK, ELIZABETH M 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO HERNADEZ, REYMUNDO A 110 WILLIAM STREET NEW YORK NY 10038 <input checked="" 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 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP DESANTIS, ANTHONY 505 CARR ROAD WILMINGTON DE <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	T CASTELLI, JOSEPH 175 WATER STREET NEW YORK NY 10270 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003317542--1 <input type="checkbox"/> Change <input type="checkbox"/> Addition
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jacobson, Robert P. 175 Water Street New York, NY 10038 <input type="checkbox"/> Change <input type="checkbox"/> Addition LS

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. Tucker (212) 770-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR21 034 (9/99)

20/2



ACCOUNT NO. : 072100000032

REFERENCE : 755506 4320171

AUTHORIZATION : *Patricia Pizote*

COST LIMIT : \$ 550.00

ORDER DATE : July 6, 2000

ORDER TIME : 4:22 PM

ORDER NO. : 755506-105

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon
American International Group,
70 Pine Street
27th Floor
New York, NY 10270

ANNUAL REPORT FILING

NAME: AIG WARRANTY SERVICES AND
INSURANCE AGENCY, INC.

RECEIVED
00 JUL -7 PM 4:51
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

EXAMINER'S INITIALS: _____