

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

1 of 2

0660994 AB

**FILED**

03 APR 29 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000004884**



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

Principal Place of Business  
**175 WATER STREET  
NEW YORK NY 10038**

Mailing Address  
**ATTN: E.M. TUCK  
70 PINE STREET  
NEW YORK NY 10270**



CHECK HERE IF MAKING CHANGES

03

2. Principal Place of Business  
**500 W. Madison St.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Chicago, IL**

City & State

4. FEI Number **38-3301989**

Applied For  
Not Applicable

Zip  
**60661**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDCO  
FRANKEL, MATTHEW W  
175 WATER STREET  
NEW YORK NY 10038**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
TUCK, ELIZABETH M  
70 PINE STREET  
NEW YORK NY 10270**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
FABEL, MERRITT W  
70 PINE STREET  
NEW YORK NY 10270**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**900017349399**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AVP  
DESANTIS, ANTHONY  
505 CARR ROAD  
WILMINGTON DE**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3 Beaver Valley Road  
Wilmington, DE 19803**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
JACOBSON, ROBERT P  
175 WATER STREET  
NEW YORK NY 10038**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 (212) 770-7000  
Date Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

2 of 2

ACCOUNT NO. : 072100000032  
 REFERENCE : 073352 4320171  
 AUTHORIZATION : *Patricia Pignato*  
 COST LIMIT : \$ 150.00

ORDER DATE : April 29, 2003  
 ORDER TIME : 11:20 AM  
 ORDER NO. : 073352-080  
 CUSTOMER NO: 4320171  
 CUSTOMER: Ms. Nancy Wong  
 American International Group,  
 30th Floor, 70 Pine Street  
 - Corporate  
 New York, NY 10270

RECEIVED  
 03 APR 29 PM 4:38  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: AIG WARRANTY SERVICES AND INSURANCE AGENCY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX            PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS: \_\_\_\_\_