

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

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

05-01-1999 90076 035 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F97000000779**

1. Corporation Name  
**AIG WARRANTYGUARD, INC.**



Principal Place of Business Mailing Address

70 PINE ST NEW YORK NY 12070 70 PINE ST EM TUCK NEW YORK NY 12070 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/13/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		13-3878133	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24		29		30	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLI, MICHAEL J	1.2 NAME	
STREET ADDRESS	99 JOHN ST, 19TH FLOOR	1.3 STREET ADDRESS	175 Water Street
CITY-ST-ZIP	NEW YORK NY 10038	1.4 CITY-ST-ZIP	New York, NY 10005
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUPLEY, T J	2.2 NAME	Hernandez, Reymundo A.
STREET ADDRESS	110 WILLIAM ST	2.3 STREET ADDRESS	110 William Street
CITY-ST-ZIP	NEW YORK NY 10238	2.4 CITY-ST-ZIP	NEW YORK, NY 10038
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLODNER, LARENCE S	3.2 NAME	
STREET ADDRESS	70 PINE ST, 14TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 12070	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAUFELD, FRED	4.2 NAME	
STREET ADDRESS	44873 FALCON PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	STERLING VA 20166-9543	4.4 CITY-ST-ZIP	
TITLE	COOD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIVORI, MARC D	5.2 NAME	Fabel, merritt W.
STREET ADDRESS	99 JOHN ST, 17TH FLOOR	5.3 STREET ADDRESS	70 Pine Street
CITY-ST-ZIP	NEW YORK NY 10038	5.4 CITY-ST-ZIP	NEW YORK, NY 10270
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCK, ELIZABETH M	6.2 NAME	
STREET ADDRESS	70 PINE ST, 30TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 12070	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Elizabeth M Tuck* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 Date

212.770.7000 Daytime Phone #

CR2E034 (11/98)