

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

113

FILED

07 APR 26 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA




04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3878133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # F97000000779

1. Entity Name  
AIG WARRANTYGUARD, INC.



Principal Place of Business 300 S RIVERSIDE PLAZA STE 2100 CHICAGO, IL 60606-6613	Mailing Address 70 PINE STREET 30TH FLOOR NEW YORK, NY 10270
--	---

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

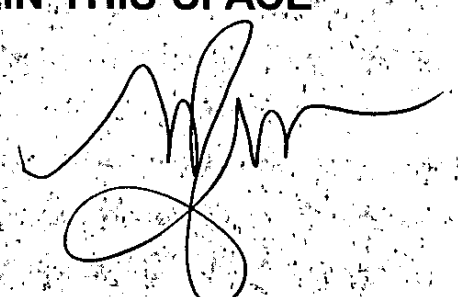
*See attached*

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD FRANKEL, MATTHEW W 175 WATER STREET NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY- ST- ZIP	COO FRANKEL, MATTHEW W 175 WATER STREET NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V DESANTIS, ANTHONY J 3 BEAVER VALLEY ROAD WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S TUCK, ELIZABETH M 70 PINE STREET NEW YORK, NY 10270
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD WILLIS, MARK T 175 WATER STREET NEW YORK, NY 10270
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SCHAUFELD, FREDRICK D 22660 EXECUTIVE DR STERLING, VA 20166

200098914492

**DO NOT WRITE IN THIS SPACE**



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Elizabeth M. Tuck*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Elizabeth M. Tuck

Date: *4/24/07* Daytime Phone: *(412) 770-7300*

# Directors / Officers Report

As of 4/25/2007

**AIG Warranty Guard, Inc.**  
Address for all: 300A SoRiverside Plaza, Suite 2100  
Chicago, IL 60606-6613

## Directors

Matthew Warren Frankel	Director	<b>Effective</b> 4/10/2000
Fredrick D. Schaufeld	Director	7/8/1996
Robert Scott Higgins Schimek	Director	9/18/2005
Christopher Ward	Director	9/18/2005
Mark Timothy Willis	Director	2/8/2000

## Officers

Matthew Warren Frankel	President	<b>Effective</b> 4/10/2000
Matthew Warren Frankel	Chief Operating Officer	4/10/2000
Merritt William Fabel	Vice President	2/5/1997
Christopher Ward	Vice President	9/18/2005
Mark Timothy Willis	Vice President	2/8/2000
Elizabeth Margaret Tuck	Secretary	2/27/1996
Donald Pelka	Assistant Secretary	5/23/2001
Robert Scott Higgins Schimek	Treasurer	9/18/2005

2/3



CORPORATION SERVICE COMPANY

3/3

ACCOUNT NO. : 072100000032  
REFERENCE : 869012 4320171  
AUTHORIZATION : *Sarah Coleman*  
COST LIMIT : \$ 150.00

ORDER DATE : April 25, 2007  
ORDER TIME : 1:25 PM  
ORDER NO. : 869012-200  
CUSTOMER NO: 4320171

ANNUAL REPORT FILING

NAME: AIG WARRANTYGUARD, INC.  
FL 2007

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2007 APR 26 PM 4: 31  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

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. 2914

EXAMINER'S INITIALS:

*[Handwritten Signature]*