

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**  
 02-04-2000 90078 045 \*\*\*150.00

**DOCUMENT # P05604**

1. Entity Name  
**AIG MARKETING, INC.**

Principal Place of Business      Mailing Address  
 CARR RD.      505 CARR RD.  
 P O BOX 9495      P O BOX 9495  
 WILMINGTON DE 19809-0495      WILMINGTON DE 19809-0495

**913006**

Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      **51-0283170**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired      ☐      **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE  
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.      ☐      **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.      ☐      **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
HANSEN, J. ERNEST		NAME	Glenn A. Pfeil		
505 CARR ROAD		STREET ADDRESS	505 Carr Rd		
WILMINGTON DE		CITY-ST-ZIP	Wilmington DE 19809		
VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
COLONA, JOHN G.		NAME			
505 CARR ROAD		STREET ADDRESS			
WILMINGTON DE		CITY-ST-ZIP			
D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
O'CONNELL, ROBERT J.		NAME			
80 PINE STREET		STREET ADDRESS			
NEW YORK NY		CITY-ST-ZIP			
D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
GREENBERG, MAURICE R.		NAME			
70 PINE STREET		STREET ADDRESS			
NEW YORK NY		CITY-ST-ZIP			
TC	<input checked="" type="checkbox"/> Delete	TITLE	VP and Controller	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PFEIL, GLENN A.		NAME	Michael D. McNeely		
505 CARR RD		STREET ADDRESS	505 Carr Rd		
WILMINGTON DE		CITY-ST-ZIP	Wilmington DE 19809		
S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TUCK, ELIZABETH M.		NAME			
70 PINE ST.		STREET ADDRESS			
NEW YORK NY		CITY-ST-ZIP			

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 furnished 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: *Michael McNeely*      1/2d 00      302-761-3859  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)