

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90004 049 ***150.00

DOCUMENT # P05604

1. Entity Name
AIG MARKETING, INC.

Principal Place of Business
**505 CARR RD.
P O BOX 9495
WILMINGTON DE 19809-7495**

Mailing Address
**505 CARR RD.
P O BOX 9495
WILMINGTON DE 19809-7495**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **51-0283170**

Applied For

Not Applicable

Zip

Country

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(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) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	AFFIL, GLENN A	
STREET ADDRESS	505 CARR ROAD	
CITY-ST-ZIP	WILMINGTON DE 19809	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COLONA, JOHN G.	
STREET ADDRESS	505 CARR ROAD	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'CONNELL, ROBERT J.	
STREET ADDRESS	80 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENBERG, MAURICE R.	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	MC NEELY, MICHAEL D	
STREET ADDRESS	505 CARR RD	
CITY-ST-ZIP	WILMINGTON DE 19809	
TITLE	S	<input type="checkbox"/> Delete
NAME	TUCK, ELIZABETH M.	
STREET ADDRESS	70 PINE ST.	
CITY-ST-ZIP	NEW YORK NY	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AFFIL, GLENN A	
STREET ADDRESS	Spelling error in last name	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Michael McNeely*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. McNeely

Date

1/8/00

Daytime Phone #

302-761-3859

CR2E034 (10/00)