

MP

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

**APPROVED
AND
FILED**

97 MAY 27 AM 8:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortharp
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000066353 (9)

1. Corporation Name
AIG WARRANTYGUARD AGENCY, INC.



Principal Place of Business
**70 PINE STREET
NEW YORK NY 10270**

Mailing Address
**70 PINE STREET
NEW YORK NY 10270-0002**

3. Date Incorporated or Qualified 08/05/1996	3a. Date of Last Report
4. FEI Number 13-3921628	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 70 Pine Street
22 City & State	27 30th Floor
23 Zip	28 New York, NY
24 Country	29 10270
25	30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 _____ (NOT Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	Galanski, Stanley A.	
STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	New York, NY 10270	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Fabel, Merritt W.	
STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	New York, NY 10270	
TITLE	D/COO	<input type="checkbox"/> DELETE
NAME	Vivori, Marc B.	
STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	New York, NY 10270	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Tuck, Elizabeth M.	
STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	New York, NY 10270	
TITLE	J/D	<input type="checkbox"/> DELETE
NAME	Castelli, Michael J.	
STREET ADDRESS	99 John Street	
CITY-ST-ZIP	New York, NY 10038	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Goldner, Lawrence S.	
STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	New York, NY 10270	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

***BANK**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: **Stanley A. Galanski** **Abolaz** (212) 770 7100

CR2E034 (9/96)