

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 30TH FLOOR NEW YORK NY 10270
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
	Country 30

3. Date Incorporated or Qualified 08/05/1996	Applied For Not Applicable
4. FEI Number 13-3921628	
5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GALANSKI, STANLEY A	1.2 NAME	Rupley, Theodore J.
STREET ADDRESS	70 PINE STREET	1.3 STREET ADDRESS	110 William Street
CITY-ST-ZIP	NEW YORK NY 10270	1.4 CITY-ST-ZIP	New York, NY 10038
TITLE	V	2.1 TITLE	
NAME	FABEL, MERRITT W	2.2 NAME	
STREET ADDRESS	70 PINE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10270	2.4 CITY-ST-ZIP	
TITLE	DCOO	3.1 TITLE	
NAME	VIVORI, MARC D	3.2 NAME	
STREET ADDRESS	70 PINE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10270	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	TUCK, ELIZABETH M	4.2 NAME	
STREET ADDRESS	70 PINE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10270	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	CASTELLI, MICHAEL J	5.2 NAME	
STREET ADDRESS	99 JOHN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10038	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	GOLODNER, LAWRENCE S	6.2 NAME	
STREET ADDRESS	70 PINE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10270	6.4 CITY-ST-ZIP	

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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.

SIGNATURE: _____ DATE: **4-29-98**

CR2E034 (10/97)