

# 2002 UNIFORM BUSINESS REPORT (UBR)

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FILED

02 MAY -1 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*AA*



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000038089**

1. Entity Name  
**AIG WARRANTY SERVICES OF FLORIDA, INC.**

Principal Place of Business <b>1767 STATE RD 434 WEST LONGWOOD FL 32750-5067</b>	Mailing Address <b>70 PINE STREET 30TH FLOOR NEW YORK NY 10270</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>38-3301989</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PCOO</b> <input type="checkbox"/> Delete	TITLE	<b>PCOO D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRANKEL, MATTHEW</b>	NAME	
STREET ADDRESS	<b>175 WATER STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10038</b>	CITY-ST-ZIP	<b>300005418903</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	
NAME	<b>TOPPING, RONALD J</b>	NAME	
STREET ADDRESS	<b>175 WATER STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10038</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	
NAME	<b>TUCK, ELIZABETH M</b>	NAME	
STREET ADDRESS	<b>70 PINE STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10270</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	
NAME	<b>JACOBSON, ROBERT P</b>	NAME	
STREET ADDRESS	<b>175 WATER STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10038</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	
NAME	<b>FABEL, MERRITT</b>	NAME	
STREET ADDRESS	<b>70 PINE STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10270</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Burns, Patrick</b>
STREET ADDRESS		STREET ADDRESS	<b>175 Water Street</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>NEW YORK, NY 10038</b>

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: *Elisabeth M. Tuck* SIGNATURE REQUIRED  
Date: 4/29/02 (212) 770-7000 Daytime Phone #

CR2E034 (9/01)

282



ACCOUNT NO. : 072100000032

REFERENCE : 556901 4320171

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : April 30, 2002

ORDER TIME : 11:38 AM

ORDER NO. : 556901-085

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon  
American International Group,  
70 Pine Street  
30th Floor  
New York, NY 10270

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DEPARTMENT OF STATE  
COMMISSION OF CORPORATIONS  
FLORIDA

ANNUAL REPORT FILING

NAME: AIG WARRANTY SERVICES OF  
FLORIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: \_\_\_\_\_