UŅ	IFORM BUSINES			101					
DOCU 1. Entity Nam	MENT # P99000			FILED					
AIG WARRANTY SERVICES OF FLORIDA, INC.			COO WE THE	0:	3 APR 29 AM 8: 37				
1767 STATE RD 434 WEST		Mailing Address 70 PINE STREET 30TH FLOOR		Si TAI	CRETARY OF STATE LAHASSEE, FLORID	A			
LONGWOOD FL 32750-5067		NEW YORK NY 10270							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat		City & State		4. FEI Num	^{aber} 38-3301989	No	plied For ot Applicable		
Zìp _	Country	Zíp	Country	5. Certifica	te of Status Desired	\$8.75 Add Fee Require			
	6. Name and Address of Current Re	egistered Agent	Namo	7. Name and Address of New Registered Agent					
CORPORA	ATION SERVICE COMPANY			Name					
	'S STREET		Street Addres	s (P.O. Box Num	P.O. Box Number is Not Acceptable)				
TALLAHAS	SSEE FL 32301-2525								
		City	City FL Zip Code						
	named entity submits this statement for the	he purpose of changing its r	egistered office or regis	ered agent, or b	ooth, in the State of Florida. I am	familiar with,	and accept		
the obligations of registered agent.									
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature requ	red when reinstating)	DATE				
F	ILE NOW!!! FEE IS \$150.00	<u> </u>							
After May 1, 2003 Fee will be \$550.00					Election Campaign Financing Trust Fund Contribution.		May Be to Fees		
	k Payable to Florida Department of S		T 44	ADDITION	CACHANICES TO OFFICERS AND	D DIDECTOR	2161.11		
TOTLE	PCOD OFFICERS AND DI	Delete	11.	ADDITION	S/CHANGES TO OFFICERS ANI	☐ Change	Addition		
NAME	FRANKEL, MATTHEW	Delete	NAME			onlings			
STREET ADDRESS	175 WATER STREET NEW YORK NY 10038		STREET ADDRESS						
CITY-ST-ZIP	D	Ď Z	CITY-ST-ZIP			Change	Addition		
TITLE NAME	TOPPING, RONALD J	Delete	NAME			☐ Change	☐ Addition		
STREET ADDRESS	175 WATER STREET		STREET ADDRESS				Í		
CITY-ST-ZIP	NEW YORK NY 10038		CITY-ST-ZIP						
TITLE NAME	s Tuck, Elizabeth M	☐ Delete	TITLE NAME			☐ Change	Addition		
STREET ADDRESS	70 PINE STREET		STREET ADDRESS	Ξ	500017349	415			
CITY-ST-ZIP	NEW YORK NY 10270		CITY-ST-ZIP						
TITLE	T BODEOU BODEOU D	☐ Delete	TITLE	·		☐ Change	☐ Addition		
NAME CTREET ADDRESS	JACOBSON, ROBERT P 175 WATER STREET		NAME STREFT ADDRESS				}		
STREET ADDRESS CITY-ST-ZIP	NEW YORK NY 10038		CITY-ST-ZIP						
TITLE	VP	☐ Delete	TITLE			☐ Change	Addition		
NAME	FABEL, MERRITT		NAME						
	70 PINE STREET NEW YORK NY 10270		STREET ADDRESS CITY-ST-ZIP				}		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

BURNS, PATRICK 175 WATER STREET

NEW YORK NY 10038

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Daytime Phone #

Change

☐ Addition





	ACCOUNT NO.	: 07	72100000	032	
	REFERENCE	: 07	73352	4320171	
	AUTHORIZATION	:	tatrie	ia typut	•
	COST LIMIT	: \$	150.00	VO	
			· -		
ORDER DATE :	April 29, 2003				
ORDER TIME :	11:20 AM				
ORDER NO. :	073352-075				Ţ,
CUSTOMER NO:	4320171				=
CUSTOMER: Ms. Ame 30t - C New	13 APR 29 PM DEPA LUIT DEPA VISION OF LURP TALLAHASSEE				
	4:38 STATE DRATIONS				
NAME:	AIG WARRANTY SEF	RVICES	OF FLOR	RIDA, INC	
XX ANNUAL R	EPORT				
PLEASE RETURN	THE FOLLOWING AS	PROOF	OF FIL	ING:	
XX PLAIN	IED COPY STAMPED COPY ICATE OF GOOD STA	ANDING	}		
CONTACT PERSON	: Sara Lea-EXT#1	L114			

EXAMINER'S INITIALS: