

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 840839 (5)

1. Corporation Name

AIG CLAIM SERVICES, INC.



Principal Place of Business

Mailing Address

~~4000~~ INTERPACE PKWY
BUILDING A
PARSIPPANY NJ 07050
US

70 PINE STREET
27TH FLOOR
~~NEW YORK~~ NY 10270
US

3. Date Incorporated or Qualified

06/13/1978

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 400

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27 Attn: E. M. TUCK

City & State

23

Zip

Country

28 New York

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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

Signature (typed or printed name of registered agent and then applicable)

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
C
SANDLER, ROBERT M.
70 PINE STREET
NEW YORK NY

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
P, D
LONG, Stanton F.
70 Pine Street
New York, NY 10270

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
BIEL, ALEXANDER
400 INTERPACE PKWY
PARSIPPANY NJ

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
DOOLEY, WILLIAM N
70 PINE ST
NEW YORK NY

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
TUCK, ELIZABETH M.
70 PINE ST
NEW YORK NY

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SMITH, HOWARD
70 PINE ST
NEW YORK NY

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
TIZZO, THOMAS R.
70 PINE STREET
NEW YORK NY

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Elizabeth M. Tuck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

(212) 770-7000

CR2E034 (12/95)