


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

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**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90076 043 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 840839</b> 1. Corporation Name <b>AIG CLAIM SERVICES, INC.</b>			
Principal Place of Business <b>400 INTERPACE PRKWY BUILDING A PARSIPPANY NJ 07050 US</b>		Mailing Address <b>70 PINE STREET ATTN E M TUCK NEW YORK NY 10270 US</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>	
9. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301</b>			
10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>C</b> <input type="checkbox"/> DELETE NAME <b>SANDLER, ROBERT M.</b> STREET ADDRESS <b>70 PINE STREET</b> CITY-ST-ZIP <b>NEW YORK NY</b>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <b>V</b> <input checked="" type="checkbox"/> DELETE NAME <b>BIEL, ALEXANDER</b> STREET ADDRESS <b>400 INTERPACE PKWY</b> CITY-ST-ZIP <b>PARSIPPANY NJ</b>		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>Austin, Terri D.</b> 2.3 STREET ADDRESS <b>70 Pine Street</b> 2.4 CITY-ST-ZIP <b>New York, NY 10270</b>	
TITLE <b>T</b> <input checked="" type="checkbox"/> DELETE NAME <b>DOOLEY, WILLIAM N</b> STREET ADDRESS <b>70 PINE ST</b> CITY-ST-ZIP <b>NEW YORK NY</b>		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>mcfate, Carol A.</b> 3.3 STREET ADDRESS <b>70 Pine Street</b> 3.4 CITY-ST-ZIP <b>New York, NY 10270</b>	
TITLE <b>S</b> <input type="checkbox"/> DELETE NAME <b>TUCK, ELIZABETH M.</b> STREET ADDRESS <b>70 PINE ST</b> CITY-ST-ZIP <b>NEW YORK NY</b>		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>SMITH, HOWARD</b> STREET ADDRESS <b>70 PINE ST</b> CITY-ST-ZIP <b>NEW YORK NY</b>		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>TIZZIO, THOMAS R.</b> STREET ADDRESS <b>70 PINE STREET</b> CITY-ST-ZIP <b>NEW YORK NY</b>		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth M. TUCK

4/29/99

Date

(212) 770-7000

Daytime Phone #

CR2E034 (11/98)