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May 01, 1999 8:00 am Secretary of State

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Mailing Address 70 PINE STREET

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 840839 1. Corporation Name

AIG CLAIM SERVICES, INC.

Principal Place of Business

400 INTERPACE PRKWY

BUILDING A ATTN E M TUCK DO NOT WRITE IN THIS SPACE PARSIPPANY NJ 07050 NEW YORK NY 10270 3. Date Incorporated or Qualifed 06/13/1978 2. Principal Place of Business Mailing Address Applied For Not Applicable 26 13-2925174 21 Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Ζīρ Country Zip 8. This corporation owes the current year Intangible □No Personal Property Tax. 30 ☐ Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. SUITE 105 83 TALLAHASSEE FL 32301 Zip Code 84 City 711. 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 sauthorized 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) CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE

SANDLER, ROBERT M. 1.2 NAME NAME **70 PINE STREET** 1.3 STREET ADDRESS **NEW YORK NY** 1.4 CITY-ST-ZIF CITY-ST-ZIF X DELETE [7] Change Addition 2.1 TITLE TITLE Austin, Terri D. 2.2 NAME NAME **BIEL, ALEXANDER** 70 Pine Street 2.3 STREET ADDRESS STREET ADDRESS **400 INTERPACE PKWY** 10270 Sew YOCK 2.4 CITY+ST-ZIP CITY-ST-ZIP PARSIPPANY NJ [Change DELETE 3.1 TITLE reasurer Addition me me Fare, Carol A. 3.2 NAME NAME DOOLEY, WILLIAM N 70 Pine Street 3.3 STREET ADDRESS STREET ADDRESS 70 PINE ST Jew York. NY 10270 3.4. CITY-ST-ZIP <u>New York Ny</u> CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME TUCK, ELIZABETH M. 4. 2 NAME 70 PINE ST 4.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 4.4 CITY-ST-ZIF CITY-ST-ZIF DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME SMITH, HOWARD 5.3 STREET ADORESS STREET ADDRESS 70 PINE ST 5.4 CTTY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP □ DELETE 6.1 TITLE Change Addition 6.2 NAME NAME TIZZIO, THOMAS R. 6.3 STREET ADDRESS 70 PINE STREET STREET ADDRESS 6.4 CITY-ST-ZIP **NEW YORK NY**

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, with all other like empowered.

SIGNATURE:

M. TUCK