

# 2001 UNIFORM BUSINESS REPORT (UBR)

P8192

0394025

DOCUMENT # 840839

1. Entity Name  
AIG CLAIM SERVICES, INC.

FILED

01 MAY -1 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
400 INTERPACE PRKWY  
BUILDING A  
PARSIPPANY NJ 07050  
US

Mailing Address  
70 PINE STREET  
ATTN E M TUCK  
NEW YORK NY 10270  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-2925174  
Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SANDLER, ROBERT M. 70 PINE STREET NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AUSTIN, TERRI D 70 PINE STREET NEW YORK NY 10270	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCFATE, CAROL A 70 PINE STREET NEW YORK NY 10270	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCK, ELIZABETH M. 70 PINE ST NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HOWARD 70 PINE ST NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIZZIO, THOMAS R. 70 PINE STREET NEW YORK NY	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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175 Water Street  
New York, NY 10038

SP

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: *Elizabeth M. Tuck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(212) 770-7000

CR2E034 (10/00)

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ACCOUNT NO. : 072100000032

REFERENCE : 134356 4320171

AUTHORIZATION :

COST LIMIT :

*Patricia Pizit*  
\$ 150.00

ORDER DATE : May 1, 2001

ORDER TIME : 10:22 AM

ORDER NO. : 134356-025

CUSTOMER NO: 4320171

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

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 MAY - 1 PM 12: 16  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: AIG CLAIM SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

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