2002	UNIFORM	BUSINESS	REPORT	(UBR)
	******			

DOCUMENT # 251884  1. Entity Name  AMERICAN INTERNATIONAL MARINE AGENCY OF FLORIDA, INC.							107	7	,.
						FILED 1007 02 MAY -1 PM 4:17			
						OSMBY -1 PH 4: 1			
Principal Place of Business Mailing Address						UZ TARY OF STA	TE		
C/O AMER. INTL. MARINE AGENCY OF NEW YORK  70 PINE STREET  80 MAIDEN LANE. 24TH FLOOR  NEW YORK NY 10038  70 PINE STREET  ATTN:ELIZABETH TUCK  NEW YORK NY 10270						OZ MAT - SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE. FLORIDA			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Sta	ate	City & State		4.	FEI Number 13-1950147		opplied For	]	
Zip	Country	Zip	Cour	try	5.	Certificate of Status Desired	\$8.75 Ad	ditional	1
6. Name and Address of Current Registered Agent				Name	7.	Name and Address of New Registered	Agent		
THE PRENTICE-HALL CORPORATION SYSTEM, INC.									
	YS STREET, SUITE 105	-in, ii vo-		Street Addr	ess (P.O. I	Box Number is Not Acceptable)			
TALLAHA	ASSEE FL 32301								7
				City FL Zip Code					1
8. The above	e named entity submits this statement for	the purpose of changing its	register	ed office or reg	gistered ag	gent, or both, in the State of Florida.			1
SIGNATURE									
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registere	Agent signature re	equired when r	einstating) DATE			
9. This corp	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!				10. Election Campaign Financing	95 (	<b>00</b> Mav Be	1
	ria on back)	After May 1, 200 Make Check Payab						d to Fees	
11.	OFFICERS AND D	DIRECTORS	12.		AC	L DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 11	-
TITLE NAME	PD DAVID C	☐ Delete	TITLE	1	-		Change	Addition	] <u>ē</u>
STREET ADDRESS	FRENCH, DAVID S 80 MAIDEN LANE		NAME	T ADDRESS	ODDRESS				(6)
CITY-ST-ZIP	NEW YORK NY 10038		CITY-	ST-ZIP					R2E034 (9/01)
TITLE NAME	V	☐ Delete	TITLE	ı			Change	☐ Addition	75
STREET ADDRESS	HARTMANN, GEORGE H		NAME	T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
ritle Name	T Delete		: TITLE NAME				☐ Change	Addition	] :
STREET ADDRESS	WARANTZ, MICHAEL  DORESS 70 PINE STREET			T ADDRESS		5000054190	J85-	0	
CITY-ST-ZIP	NEW YORK NY 10270		CITY-	ST-ZIP					
iitle Name	S THOM SHIPPETH AA	☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS	TUCK, ELIZABETH M 70 PINE STREET		NAME STREE	T ADDRESS					
CITY-ST-ZIP	NEW YORK NY 10270		CITY-	ST-ZIP					
TITLE IAME	CD TUOMAG D	☐ Delete	TITLE			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Change	☐ Addition	
TREET ADDRESS	TIZZIO, THOMAS R ADDRESS 175 WATER STREET		NAME STREE	T ADDRESS		/ '\/\'			
ITY-ST-ZIP	NEW YORK NY 10038			ST-ZIP		X			, ,
ITLE	D BORESTO JOURN I	☐ Delete	TITLE			A	☐ Change	Addition	
IAME Treet address	ROBERTS, JOHN J 70 PINE STREET		NAME STREE	r address		V			
ITY-ST-ZIP	NEW YORK NY 10270		CITY-	ST-ZIP					
<ol><li>I hereby of indicated</li></ol>	pertify that the information supplied with the	nis filing does not qualify for	the exen	ption stated in	Section 1	19.07(3)(i), Florida Statutes. I further cert	ify that the ir	nformation	

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 eath; 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:** 





ACCOUNT NO. : 072100000032

REFERENCE: 556901 4320171

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE: April 30, 2002

ORDER TIME: 11:43 AM

ORDER NO. : 556901-125

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon

American International Group,

70 Pine Street 30th Floor

New York, NY 10270

## ANNUAL REPORT FILING

NAME:

AMERICAN INTERNATIONAL MARINE

AGENCY OF FLORIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

PLAIN STAMPED COPY

\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: