
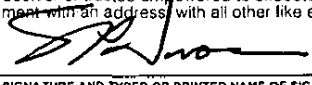


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90197 018 ***150.00

DOCUMENT # 818798					
1. Entity Name AMERICAN EXPRESS COMPANY					
Principal Place of Business 200 VESEY ST. WFC-3 NEW YORK, NY 10285 US			Mailing Address 200 VESEY ST. NEW YORK, NY 10285-3002 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 13-4922250			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and tbe if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHENAULT, KENNETH I		NAME		
STREET ADDRESS	200 VESEY ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10285		CITY-ST-ZIP		
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINEN, JONATHAN S		NAME		
STREET ADDRESS	200 VESEY ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10285		CITY-ST-ZIP		
TITLE	VCEO	<input type="checkbox"/> Delete	TITLE	VCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITTENDEN, GARY L		NAME	Daniel Henry	
STREET ADDRESS	200 VESEY ST.		STREET ADDRESS	200 Vesey St.	
CITY-ST-ZIP	NEW YORK, NY 10285		CITY-ST-ZIP	NY, NY 10285	
TITLE	EVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHICK, THOMAS		NAME		
STREET ADDRESS	200 VESEY ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10285		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARENT, LOUISE M		NAME		
STREET ADDRESS	200 VESEY ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10285		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, STEPHEN		NAME		
STREET ADDRESS	200 VESEY ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10285		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 		Stephen P. Norman 4/13/07		212-640-2918	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

50001309



04122007 Chg-P CR2E034 (12/06)