

# 2002 UNIFORM BUSINESS REPORT (UBR)

0575695 AT

DOCUMENT # 830520

1. Entity Name  
A.I. CREDIT CORP.

FILED

02 MAY -1 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

160 WATER ST.  
19TH FLOOR  
NEW YORK NY 10038

Mailing Address

160 WATER ST.  
19TH FLOOR  
NEW YORK NY 10038

2. Principal Place of Business

3. Mailing Address

70 Pine Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

30th Floor

City & State

new York, NY

4. FEI Number

13-2736972

Applied For

Not Applicable

Zip

Country

Zip

Country

10070

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYES 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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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 PD  
NAME VITKAUSKAS, GERALD V  
STREET ADDRESS 160 WATER STREET  
CITY-ST-ZIP NEW YORK NY ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE COB  
NAME MATTHEWS, EDWARD W  
STREET ADDRESS 70 PINE ST.  
CITY-ST-ZIP NEW YORK NY ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME MCFATE, CAROL A  
STREET ADDRESS 70 PINE STREET  
CITY-ST-ZIP NEW YORK NY 10270 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME TUCK, ELIZABETH M  
STREET ADDRESS 1030-2 FRANKLIN AVENUE  
CITY-ST-ZIP N. VALLEY STREAM NY ☐ Delete

TITLE S  
NAME TUCK, Elizabeth M.  
STREET ADDRESS 70 Pine Street  
CITY-ST-ZIP New York, NY 10270 ☒ Change ☐ Addition

TITLE VD  
NAME SMITH, H I  
STREET ADDRESS 261 BEIRD COURT  
CITY-ST-ZIP WOODBURY NY ☐ Delete

TITLE VD  
NAME Smith, Howard I.  
STREET ADDRESS 70 Pine Street  
CITY-ST-ZIP New York, NY 10270 ☒ Change ☐ Addition

TITLE V  
NAME VOGEN, MICHAEL D  
STREET ADDRESS 160 WATER STREET  
CITY-ST-ZIP NEW YORK NY 10038 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

4-29-02

(212)770-7000

Date

Daytime Phone #

CR2E034 (9/01)

2082



ACCOUNT NO. : 072100000032

REFERENCE : 556901 4320171

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia Pizito*

ORDER DATE : April 30, 2002

ORDER TIME : 1:50 PM

ORDER NO. : 556901-010

CUSTOMER NO: 4320171

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

RECEIVED  
02 MAY - 1 PM 3 08  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: A.I. CREDIT CORP.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX        PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson-EXT#1155

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