

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 06 1997 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 840839 (5)
 1. Corporation Name
AIG CLAIM SERVICES, INC.



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| Principal Place of Business 400 INTERPACE PKWY BUILDING A PARSIPPANY NJ 07050 US | Mailing Address 70 PINE STREET ATTN E M TUCK NEW YORK NY 10270-0002 US |
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| | | |
|---|--|----|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 30 |
|---|--|----|

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/13/1978 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 13-2925174 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
 1201 HAYS ST.
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code
FL

11. 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 was authorized 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | C <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SANDLER, ROBERT M. | 1.2 NAME | Anthony Galisto |
| STREET ADDRESS | 70 PINE STREET | 1.3 STREET ADDRESS | 70 Pine Street |
| CITY - ST - ZIP | NEW YORK NY | 1.4 CITY - ST - ZIP | New York, NY 10270 |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BIEL, ALEXANDER | 2.2 NAME | |
| STREET ADDRESS | 400 INTERPACE PKWY | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | PARSIPPANY NJ | 2.4 CITY - ST - ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOOLEY, WILLIAM N | 3.2 NAME | |
| STREET ADDRESS | 70 PINE ST | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEW YORK NY | 3.4 CITY - ST - ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TUCK, ELIZABETH M. | 4.2 NAME | |
| STREET ADDRESS | 70 PINE ST | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEW YORK NY | 4.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, HOWARD | 5.2 NAME | |
| STREET ADDRESS | 70 PINE ST | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEW YORK NY | 5.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TIZZIO, THOMAS R. | 6.2 NAME | |
| STREET ADDRESS | 70 PINE STREET | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEW YORK NY | 6.4 CITY - ST - ZIP | |

14. I do 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.

SIGNATURE: *Elizabeth M. Tuck* Date: *4/29/97* (20) 770-7000

CR2E034 (9/96)