

**2001 UNIFORM BUSINESS REPORT (UBR)**

*P8192*

0694025

**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      Mailing Address  
**400 INTERPACE PRKWY**      **70 PINE STREET**  
**BUILDING A**      **ATTN E M TUCK**  
**PARSIPPANY NJ 07050**      **NEW YORK NY 10270**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **13-2925174**      Applied For  
 Not Applicable

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

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

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>600004102766--9</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>175 Water Street</b>
CITY-ST-ZIP	<b>New York, NY 10038</b>

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 : \$ 150.00 *Patricia Pizit*

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: \_\_\_\_\_