

FILE NQW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **843868 (1)**
1. Corporation Name
AIG CONSULTANTS, INC.



Principal Place of Business: **72 WALL ST 9TH FLOOR NEW YORK NY 10270 US**
Mailing Address: **70 PINE ST 27TH FLOOR NEW YORK NY 10270 US**

3. Date Incorporated or Qualified: **08/08/1979**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **13-2978816**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
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: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | AS PRONEVICH, VALERIE A <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PRONEVICH, VALERIE A | 1.2 NAME | Benda, Charles |
| STREET ADDRESS | 70 PINE ST | 1.3 STREET ADDRESS | 72 Wall Street |
| CITY-ST-ZIP | NEW YORK | 1.4 CITY-ST-ZIP | New York, NY 10070 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GANTZ, JOHN | 2.2 NAME | |
| STREET ADDRESS | 70 PINE ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 2.4 CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOLDBERG, ARNOLD J. | 3.2 NAME | |
| STREET ADDRESS | 72 WALL ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY 10270 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TIZZIO, THOMAS R. | 4.2 NAME | |
| STREET ADDRESS | 70 PINE STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 4.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TUCK, ELIZABETH | 5.2 NAME | |
| STREET ADDRESS | 70 PINE STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 5.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOOLEY, WILLIAM N | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 (212) 770-7000
Date: _____ Daytime Phone # _____

CR2E034 (12/95)