

# 2000 UNIFORM BUSINESS REPORT (UBR)

10/2  
01690015

**DOCUMENT # 843868**

1. Entity Name  
**AIG CONSULTANTS, INC.**

**FILED**

00 JUL -7 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
70 PINE ST.  
NEW YORK NY 10270  
US      70 PINE ST  
ATTN E M TUCK  
NEW YORK NY 10270-0002  
US



DO NOT WRITE IN THIS SPACE

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 **13-2978816**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**PRENTICE-HALL CORPORATION SYSTEM, INC.  
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 \_\_\_\_\_

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, 2000 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GALIOTO, A</b>	
STREET ADDRESS	<b>70 PINE ST.</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>CO</b>	<input type="checkbox"/> Delete
NAME	<b>SANDLER, ROBERT 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>TIZZIO, THOMAS R.</b>	
STREET ADDRESS	<b>70 PINE STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>TUCK, ELIZABETH</b>	
STREET ADDRESS	<b>70 PINE STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MCFATE, CAROL</b>	
STREET ADDRESS	<b>70 PINE STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE		<input type="checkbox"/> Delete
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		
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAREY, JOHN</b>	
STREET ADDRESS	<b>70 PINE STREET</b>	
CITY-ST-ZIP	<b>NEW YORK, NY 10270</b>	

**LS / 500003317555--0**

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**

CR2E 034 (9/99)

202



ACCOUNT NO. : 072100000032

REFERENCE : 755506 4320171

AUTHORIZATION : *Patricia Pizutto*

COST LIMIT : \$ 550.00

ORDER DATE : July 6, 2000

ORDER TIME : 4:12 PM

ORDER NO. : 755506-020

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon  
American International Group,  
70 Pine Street  
27th Floor  
New York, NY 10270

ANNUAL REPORT FILING

NAME: AIG CONSULTANTS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

RECEIVED  
00 JUL -7 PM 4:53  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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