

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 843868

1. Entity Name
AIG CONSULTANTS, INC.



FILED

04 APR 29 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
70 PINE ST.
NEW YORK, NY 10270 US

Mailing Address
70 PINE ST
ATTN E M TUCK
NEW YORK, NY 10270 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
13-2978816

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GALIOTO, A	
STREET ADDRESS	70 PINE ST.	
CITY-ST-ZIP	NEW YORK, NY	
TITLE	CO	<input checked="" type="checkbox"/> Delete
NAME	SANDLER, ROBERT M.	
STREET ADDRESS	70 PINE ST.	
CITY-ST-ZIP	NEW YORK, NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIZZIO, THOMAS R.	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK, NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	TUCK, ELIZABETH	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK, NY	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENSINGER, STEVEN J	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK, NY 10270	
TITLE	P	<input type="checkbox"/> Delete
NAME	CAREY, JOHN	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK, NY 10270	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kristian P. Moor
STREET ADDRESS	175 Water street
CITY-ST-ZIP	NEW YORK, NY 10038
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles R. Schader
STREET ADDRESS	70 Pine Street
CITY-ST-ZIP	NEW YORK, NY 10270
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	175 Water street
CITY-ST-ZIP	NEW YORK, NY 10038
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	300034718823
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth M. Tuck*

4-26-04 (212) 770-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 598287 4320171

AUTHORIZATION : *Patricia Pizuto*

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2004

ORDER TIME : 5:25 PM

ORDER NO. : 598287-030

CUSTOMER NO: 4320171

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

ANNUAL REPORT FILING

NAME: AIG CONSULTANTS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____

RECEIVED
04 APR 29 PM 1:10
DIVISION OF CORPORATION