



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 843868</b> 1. Entity Name <b>AIG CONSULTANTS, INC.</b>						<div style="font-size: 24px; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 18px; transform: rotate(-5deg);">05 APR 29 AM 9:12</div> <div style="font-size: 14px; transform: rotate(-5deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>70 PINE ST. NEW YORK, NY 10270 US</b>				Mailing Address <b>70 PINE ST ATTN E M TUCK NEW YORK, NY 10270 US</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>13-2978816</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MOOR, KRISTIAN P		NAME	900053050179			
STREET ADDRESS	175 WALTER STREET		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10038		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SCHADER, CHARLES R		NAME				
STREET ADDRESS	70 PINE ST.		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10270		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TIZZIO, THOMAS R.		NAME	<b>Tizzio, Thomas R.</b> <b>175 Water Street</b> <b>New York, NY 10038</b>			
STREET ADDRESS	175 WALTER STREET		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10038		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TUCK, ELIZABETH		NAME				
STREET ADDRESS	70 PINE STREET		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BENSINGER, STEVEN J		NAME				
STREET ADDRESS	70 PINE STREET		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10270		CITY-ST-ZIP				
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	CAREY, JOHN		NAME	<b>COOK, Stephen J.</b> <b>70 Pine Street</b> <b>New York, NY 10270</b>			
STREET ADDRESS	70 PINE STREET		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10270		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.							
<b>SIGNATURE:</b> <i>Elinor M. Ouel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/26/05</b> (218) 710-7000				

MAY 02 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 343551 4320171

AUTHORIZATION :

*Patricia Pizote*

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2005

ORDER TIME : 10:21 AM

ORDER NO. : 343551-025

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: Susie Knight - Ext. 2956

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

RECEIVED  
05 APR 29 PM 1:01  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA