

# 2000 UNIFORM BUSINESS REPORT (UBR)

102 0560063

DOCUMENT # 854448

1. Entity Name

AI NETWORK CORPORATION

FILED

00 JUL -7 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 2215  
ALPHARETTA GA 30023  
US

70 PINE STREET  
ATTN E M TUCK  
NEW YORK NY 10270-0002  
US

2. Principal Place of Business

4501 North Point Pkwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Alpharetta, GA

City & State

Zip  
30202

Country

Zip

Country

4. FEI Number

13-3140147

Applied For

Not Applicable

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 C ☐ Delete  
NAME SANDLER, ROBERT M  
STREET ADDRESS 70 PINE STREET  
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME FLAHERTY, THOMAS  
STREET ADDRESS P.O. BOX 2215 N/A  
CITY-ST-ZIP ALPHARETTA GA

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4501 North Point Parkway  
CITY-ST-ZIP Alpharetta, GA 30202

TITLE S ☐ Delete  
NAME TUCK, ELIZABETH  
STREET ADDRESS 70 PINE STREET  
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VT ☐ Delete  
NAME MULCAHY, DAVID  
STREET ADDRESS P.O. BOX 2215 N/A  
CITY-ST-ZIP ALPHARETTA GA

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4501 North Point Parkway  
CITY-ST-ZIP Alpharetta, GA 30202

TITLE D ☐ Delete  
NAME SETTERS, GORDON  
STREET ADDRESS P.O. BOX 2215 N/A  
CITY-ST-ZIP ATLANTA GA

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4110 Bunsen Parkway  
CITY-ST-ZIP Alpharetta, GA 30202

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME VG  
STREET ADDRESS Harkins, Kenneth  
CITY-ST-ZIP 160 Water Street  
New York, NY 10028

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 I am not a director or officer of the corporation, or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(212) 770-7000

CP/E034 (9/39)

206



ACCOUNT NO. : 072100000032

REFERENCE : 755506 . 4320171  
*Patricia Hight*

AUTHORIZATION :

COST LIMIT : \$ 550.00

ORDER DATE : July 6, 2000

ORDER TIME : 4:13 PM

ORDER NO. : 755506-035

CUSTOMER NO: 4320171

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

ANNUAL REPORT FILING

NAME: AI NETWORK CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

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

RECEIVED  
00 JUL - 7 PM 4: 54  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA