

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000659

1. Entity Name
DIRECT BILL S, INC.

FILED

01 MAY -1 PM 12: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
70 PINE STREET
NEW YORK NY 10270

Mailing Address
70 PINE STREET
NEW YORK NY 10270

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2001 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	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, EDWARD E		NAME		
STREET ADDRESS	70 PINE STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10270		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, HOWARD I		NAME		
STREET ADDRESS	70 PINE STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10270		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITKAUSKAS, GERALD V		NAME		
STREET ADDRESS	160 WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10038		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGEN, MICHAEL D		NAME		
STREET ADDRESS	160 WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10038		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINZER, CARL J		NAME		
STREET ADDRESS	15303 VENTURA BLVD.		STREET ADDRESS		
CITY-ST-ZIP	SHERMAN OAKS CA 91403		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, GEORGE E		NAME		
STREET ADDRESS	15303 VENTURA BLVD.		STREET ADDRESS		
CITY-ST-ZIP	SHERMAN OAKS CA 91403		CITY-ST-ZIP		

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: Eligahad M. Adel (212) 770-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

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ACCOUNT NO. : 072100000032

REFERENCE : 134356 4320171

AUTHORIZATION :

COST LIMIT : \$ 150.00.

Patricia Pizito

ORDER DATE : May 1, 2001

ORDER TIME : 11:10 AM

ORDER NO. : 134356-180

CUSTOMER NO: 4320171

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

ANNUAL REPORT FILING

NAME: DIRECT BILL S, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: _____