

# 2002 UNIFORM BUSINESS REPORT (UBR)

58190

DOCUMENT # F00000000659

1. Entity Name  
DIRECT BILL S, INC.

**FILED**  
**May 08, 2002 8:00 A.M.**  
**Secretary of State**

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



DO NOT WRITE IN THIS SPACE

4. FEI Number 134045461  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Finzer, Carl J. 1515 Davis Dr. Durham, NC 27560	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] DATE: 4/30/02 DAYTIME PHONE: (212) 770-7000

CR2E034(9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 556901 4320171

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia P. Jett*

ORDER DATE : April 30, 2002

ORDER TIME : 1:07 PM

ORDER NO. : 556901-170

CUSTOMER NO: 4320171

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

RECEIVED  
02 MAY - 1 PM 3:09  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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: Janna Wilson-EXT#1155

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