

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90327 034 ***550.00

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DOCUMENT # F01000001009

1. Entity Name
AIG INTERNATIONAL INC.



Principal Place of Business
**ONE GREENWICH PLAZA
GREENWICH CT 06830**

Mailing Address
**ONE GREENWICH PLAZA
GREENWICH CT 06830**

40103817



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1381519**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
KLEIN, BRADFORD
ONE GREENWICH PLAZA
GREENWICH CT 06830** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
FIELDS, MICHAEL
ONE GREENWICH PLAZA
GREENWICH CT 06830** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EXEC V.P. AND SECRETARY
ANDREW R. KAPLAN
ONE GREENWICH PLAZA
GREENWICH, CT. 06830** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
LITTMAN, JONAS P
ONE GREENWICH PLAZA
GREENWICH CT 06830** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP & TREASURER
ANN B. BOED
ONE GREENWICH PLAZA
GREENWICH, CT. 06830** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FINIGAN, JOHN J
ONE GREENWICH PLAZA
GREENWICH CT 06830** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
FRANKEL, DAVID M
ONE GREENWICH PLAZA
GREENWICH CT 06830** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP / ASST. SECRETARY ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPCF
MORRISSEY, BRIAN P
ONE GREENWICH PLAZA
GREENWICH CT 06830** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP / CFO ☒ Change ☐ Addition

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: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SVP / CFO

7/10/03

Date

203-861-8855

Daytime Phone #

CR2E034 (4/03)