

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000003975

1. Entity Name  
STARR TECHNICAL RISKS AGENCY OF TEXAS, INC.



FILED  
200034740282  
04 APR 29 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FL 32301-0001



Principal Place of Business  
C/O COMPANY  
70 PINE STREET  
NEW YORK, NY 10270

Mailing Address  
C/O COMPANY  
70 PINE STREET  
NEW YORK, NY 10270

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

30th FLOOR

City & State

City & State

Zip

Country

Zip

Country

04262004 Chg-P CR2E034 (10/03)

4. FEI Number

74-1539444

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

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 CD ☒ Delete  
NAME ARMELLINO, HUMBERT E  
STREET ADDRESS 70 PINE STREET  
CITY-ST-ZIP NEW YORK, NY 10270

TITLE ☐ Change ☒ Addition  
NAME TUCK, Elizabeth M.  
STREET ADDRESS 70 Pine Street  
CITY-ST-ZIP New York, NY 10270

TITLE PD ☐ Delete  
NAME SHAAK, RICHARD N  
STREET ADDRESS 70 PINE STREET  
CITY-ST-ZIP NEW YORK, NY 10270

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

TITLE V ☐ Delete  
NAME BROWN, ROBERT H  
STREET ADDRESS 8144 WALNUT HILL LANE, 17TH FLOOR  
CITY-ST-ZIP DALLAS, TX 75231

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

TITLE V ☐ Delete  
NAME SUTTON, STEVEN C  
STREET ADDRESS 675 BERING DRIVE, SUITE 600  
CITY-ST-ZIP HOUSTON, TX 77057

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

TITLE AV ☐ Delete  
NAME FABEL, MERRITT W  
STREET ADDRESS 70 PINE STREET  
CITY-ST-ZIP NEW YORK, NY 10270

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

TITLE AV ☐ Delete  
NAME LUSH, WILLIAM L  
STREET ADDRESS 675 BERING DRIVE, SUITE 600  
CITY-ST-ZIP HOUSTON, TX 77057

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-04 (212) 770-7000



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 598287 4320171

AUTHORIZATION :

*Patricia Pizeto*

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2004

ORDER TIME : 10:18 AM

ORDER NO. : 598287-165

CUSTOMER NO: 4320171

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

RECEIVED  
06 APR 29 PM 1:11  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: STARR TECHNICAL RISKS AGENCY  
OF TEXAS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

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