

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006162

Entity Name: AMT WARRANTY CORP.

FILED
Jan 05, 2009
Secretary of State

Current Principal Place of Business:

59 MAIDEN LANE
6TH FLOOR
NEW YORK, NY 10038

New Principal Place of Business:

Current Mailing Address:

59 MAIDEN LANE
6TH FLOOR
NEW YORK, NY 10038

New Mailing Address:

FEI Number: 20-1609485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD
SUITE 508
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAULNIER, BRUCE
Address: 59 MAIDEN LANE, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10038

Title: VD () Delete
Name: HOLLANDER, STUART
Address: 59 MAIDEN LANE, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10038

Title: SD () Delete
Name: UNGAR, STEPHEN
Address: 59 MAIDEN LANE, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10038

Title: T () Delete
Name: SCHLACHTER, HARRY
Address: 59 MAIDEN LANE, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10038

Title: D () Delete
Name: ZYSKIND, BARRY D
Address: 59 MAIDEN LANE, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10038

Title: D () Delete
Name: MILLER, JAY J
Address: 59 MAIDEN LANE, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART HOLLANDER

VD

01/05/2009

Electronic Signature of Signing Officer or Director

Date