2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2011
Secretary of State

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Entity Name: AMT WARRANTY CORP.

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:

CORPORATION SERVICE COMPANU
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN UNGAR SD 01/07/2011

Electronic Signature of Signing Officer or Director Date