


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 APR 29 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000174			
1. Entity Name AIU NORTH AMERICA, INC.			
Principal Place of Business 80 PINE STREET NEW YORK, NY 10005 US		Mailing Address 70 PINE ST. ATTN E M TUCK NEW YORK, NY 10270 US	
2. Principal Place of Business 70 Pine Street		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State New York, NY		City & State	
Zip 10270	Country USA	Zip	Country
4. FEI Number 13-2989593		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P KNIGHT, GORDON 175 WATER STREET NEW YORK, NY 10038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP FABEL, MERRITT W 70 PINE STREET NEW YORK, NY 10270 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600053048316 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCK, ELIZABETH M 70 PINE STREET NEW YORK, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WAITKUS, MICHAEL 175 WATER STREET NEW YORK, NY 10038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, MARTIN J 70 PINE STREET NEW YORK, NY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tyler, Nicholas C. 175 Water Street New York, NY 10038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIZZIO, THOMAS R 175 WATER STREET NEW YORK, NY 10038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Elizabeth M. Tuck</i>		4-26-05 (212) 770-7000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 343551 4320171

AUTHORIZATION :

Patricia Pizote

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2005

ORDER TIME : 10:29 AM

ORDER NO. : 343551-075

CUSTOMER NO: 4320171

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

ANNUAL REPORT FILING

NAME: AIU NORTH AMERICA, INC.

RECEIVED
05 APR 29 PM 1:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 2956

EXAMINER'S INITIALS: _____