CR2E034 (10/00)

## **2001 UNIFORM BUSINESS REPORT (UBR)**

1. Entity Nan	ne	# F940000 NATIONAL FACILITIE		0	FILE   MAY-1		.5				
Principal Place of Business D PINE STREET EW YORK NY 10270			Mailing Address 70 PINE STREET ATTN E M TUCK NEW YORK NY 10270 US				SEGRETARYKOF/STATE TATELIAHASSEE, FLORIDA				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRITE	E IN THIS SI	PACE	
City & State			City & State			<b>4.</b> F	El Number	13-3338893		<u> </u>	pplied For ot Applicable
Zip Country		Country	Zip Count		try	5. 0	Certificate of	Status Desired		8.75 Add ee Required	
***	6. Name	and Address of Current Re	egistered Agent		Name	7. N	lame and Ad	Idress of New Re	gistered A	gent	
1201		Hall Corporation sy Eet, Ste 105 Fl 32301	SYSTEM, INC.		Street Address (P.O. Box Number is Not Acceptable)						
					City				FL	Zip Code	e
Tax filing i	oration is elig	or printed name of registered agent and ible to satisfy its Intangible and elects to do so.	! FEE )1 Fee le to De	d Agent signature req IS \$150.00 will be \$550.0 epartment of 9	00 State	10. Election	on Campaign Fina Fund Contribution		Added	<b>0</b> May Be to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGLISH, 70 PINE S NEW YOR		RECTORS  Delete		1	ADI		ANGES TO OFFIC		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HO 70 PINE S NEW YOR	Treet				80	00041	.028	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tizzio, Ti- 70 Pine S New Yor	TREET	☐ Delete		1					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCK, ELI 70 PINE S NEW YOR	Т.	☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		O, ANTHONY REE HILL ROAD IN NJ	☐ Delete						-	Change	Addition
ITLE NAME STREET ADDRESS CITY-ST-ZIP	MCFATE, ( 70 PINE S	CAROL	☐ Delete		I					Change	Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Date





ACCOUNT	NO.	:	072100000032	

REFERENCE :

134356

4320171

AUTHORIZATION :

COST LIMIT

ORDER DATE: May 1, 2001

ORDER TIME: 10:52 AM

ORDER NO. : 134356-095

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon

American International Group,

70 Pine Street 30th Floor

New York, NY 10270

## ANNUAL REPORT FILING

NAME:

AMERICAN INTERNATIONAL

FACILITIES MANAGEMENT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

\_\_\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: