

2002 UNIFORM BUSINESS REPORT (UBR)

06185562 AT

1 of 2

FILED

02 MAY -1 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials



DO NOT WRITE IN THIS SPACE

DOCUMENT # F94000005690
 1. Entity Name
AIG-MANAGED-CARE, INC. Directdme, Inc.

Principal Place of Business
**70 PINE ST.
 NEW YORK NY 10270
 US**

Mailing Address
**70 PINE STREET
 ATTN E M TUCK
 NEW YORK NY 10270
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **13-3798455**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET, STE 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	SANDLER, ROBERT M.	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GALIOTO, ANTHONY J.	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	AUSTIN, TERRI D	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY 10270	
TITLE	S	<input type="checkbox"/> Delete
NAME	TUCK, ELIZABETH M	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCFATE, CAROL A	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY 10270	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREENBERG, M.R.	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Packer, William	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	70 Pine Street	
STREET ADDRESS	New York, NY 10270	
CITY-ST-ZIP		
TITLE	600005418906	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D Galioto, Anthony J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	70 Pine Street	
STREET ADDRESS	New York, NY 10270	
CITY-ST-ZIP		

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.

SIGNATURE: Signature Required Date: 4/29/02 Daytime Phone #: (212)770-7000

CR2E034 (9/01)

282



ACCOUNT NO. : 072100000032

REFERENCE : 556901 4320171

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : April 30, 2002

ORDER TIME : 11:36 AM

ORDER NO. : 556901-070

CUSTOMER NO: 4320171

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

Patricia Pizzit

RECEIVED
02 MAY - 1 PM 3 09
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: AIG MANAGED CARE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: _____