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06 APR 19 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100070906151

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000006330

1. Entity Name
AMERICAN INTERNATIONAL MARINE AGENCY OF NEW YORK, INC.

Principal Place of Business	Mailing Address
90 Park Avenue 7th Floor New York, NY 10016	90 Park Avenue 7th Floor New York, NY 10016

DO NOT WRITE IN THIS SPACE

04072006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-5612070
☐ 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, SUITE 105
TALLAHASSEE, FL 32301

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President & Director
NAME	David S. French
STREET ADDRESS	90 Park Avenue, 7th Floor
CITY-ST-ZIP	New York, NY 10016
TITLE	Executive Vice President
NAME	Charles D. Capozzoli
STREET ADDRESS	90 Park Avenue, 7th Floor
CITY-ST-ZIP	New York, NY 10016
TITLE	Vice President, Secretary & Comptroller
NAME	George H. Hartmann
STREET ADDRESS	90 Park Avenue, 7th Floor
CITY-ST-ZIP	New York, NY 10016
TITLE	Vice President & Director
NAME	Daniel P. McDonnell
STREET ADDRESS	399 Park Avenue, 17th Floor
CITY-ST-ZIP	New York, NY 10022
TITLE	Treasurer
NAME	Michael D. Warantz
STREET ADDRESS	399 Park Avenue, 17th Floor
CITY-ST-ZIP	New York, NY 10022
TITLE	Director
NAME	John J. Roberts
STREET ADDRESS	399 Park Avenue, 17th Floor
CITY-ST-ZIP	New York, NY 10022

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

George H. Hartmann

K. Eckel APR 19 2006

CORPORATION SERVICE COMPANY

2/2

ACCOUNT NO. : 072100000032

REFERENCE : 012731 4312639

AUTHORIZATION : Lynda Coleman

COST LIMIT : $ 150.00

ORDER DATE : April 19, 2006

ORDER TIME : 10:21 AM

ORDER NO. : 012731-005

CUSTOMER NO: 4312639

ANNUAL REPORT FILING

NAME: AMERICAN INTERNATIONAL
MARINE AGENCY OF FLORIDA, INC.

XX___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young-EXT#2962

EXAMINER'S INITIALS: _____

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FLORIDA

K. Eckel APR 19 2006