FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000000844 (9)**

1. Corporation Name

AIG TECHNICAL SERVICES, INC.

Principal Place of Business	Mailing Address
70 PINE STREET NEW YORK NY 10270	70 PINE STREET NEW YORK NY 10270

3. Date Incorporated or Qualified: **02/21/1995**

3a. Date of Last Report:

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27: Attn: E.M. Tuck

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **13-3772426** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	SANDLER, ROBERT M		1.2 NAME		
STREET ADDRESS	3 CRESTWOOD DR.		1.3 STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	BRIDGEWATER NJ		1.4 CITY-ST-ZIP	New York, NY 10270	
TITLE	PD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	HUGHES, JOHN G		2.2 NAME		
STREET ADDRESS	4 CLAIRE DRIVE		2.3 STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	WARREN NJ		2.4 CITY-ST-ZIP	New York, NY 10270	
TITLE	T	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	DOOLEY, WILLIAM N		3.2 NAME		
STREET ADDRESS	39 DEVONSHIRE COURT		3.3 STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	MIDDLETOWN NJ		3.4 CITY-ST-ZIP	New York, NY 10270	
TITLE	S	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	TUCK, ELIZABETH M		4.2 NAME		
STREET ADDRESS	1030-2 FRANKLIN AVENUE		4.3 STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	NORTH VALLEY STREAM NY		4.4 CITY-ST-ZIP	New York, NY 10270	
TITLE	V	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	MITROVIC, MICHAEL		5.2 NAME		
STREET ADDRESS	1 PARK DRIVE		5.3 STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	NUTLEY NJ		5.4 CITY-ST-ZIP	New York, NY 10270	
TITLE	V	☐ DELETE	6.1 TITLE		☑ Change ☐ Addition
NAME	SCHADER, CHARLES R		6.2 NAME		
STREET ADDRESS	3 CRESTWOOD STREET		6.3 STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	SYOSSET NY		6.4 CITY-ST-ZIP	New York, NY 10270	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth M. Tuck — 4-25-96 — (212)770-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #