

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

054467

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90076 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000000844 1. Corporation Name AIG TECHNICAL SERVICES, INC.			
Principal Place of Business 70 PINE STREET NEW YORK NY 10270		Mailing Address 70 PINE STREET ATTN E M TUCK NEW YORK NY 10270 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 02/21/1995			
4. FEI Number 13-3772426		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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 reinstating) DATE _____			
12. 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	HUGHES, JOHN G		
STREET ADDRESS	70 PINE STREET		
CITY-ST-ZIP	NEW YORK NY		
TITLE	T	<input checked="" type="checkbox"/> DELETE	
NAME	DOOLEY, WILLIAM N		
STREET ADDRESS	70 PINE STREET		
CITY-ST-ZIP	NEW YORK NY		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	TUCK, ELIZABETH M		
STREET ADDRESS	70 PINE STREET		
CITY-ST-ZIP	NEW YORK NY		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	MITROVIC, MICHAEL		
STREET ADDRESS	70 PINE STREET		
CITY-ST-ZIP	NEW YORK NY		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	GREENBERG, M.R.		
STREET ADDRESS	70 PINE STREET		
CITY-ST-ZIP	NEW YORK NY		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	Sweeney, James M.		
2.3 STREET ADDRESS	70 Pine Street		
2.4 CITY-ST-ZIP	New York, NY 10270		
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	Ms Fate, Carol A.		
3.3 STREET ADDRESS	70 Pine Street		
3.4 CITY-ST-ZIP	New York, NY 10270		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth M. TUCK

4/29/99

Date

212-770-7008

Daytime Phone #

CR2E034 (11/98)