

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008085

FILED
Jan 14, 2004
Secretary of State**Entity Name:** AMERICAN MANUFACTURERS WARRANTY ASSOCIATION, INC.**Current Principal Place of Business:**1402 N RANDOLPH CIR
TALLAHASSEE, FL 32308**New Principal Place of Business:****Current Mailing Address:**1402 N RANDOLPH CIR
TALLAHASSEE, FL 32308**New Mailing Address:****FEI Number:** 59-3690751**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEVINE, KENNETH A ESQ
101 N. MONROE ST., STE 725
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: LEVINE, SHERI I
Address: 1402 N. RANDOLPH CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308**Title:** D () Delete
Name: KAPLAN, MATT
Address: 3130 WILSHIRE BOULEVARD., STE 555
City-St-Zip: SANTA MONICA, CA 40403**Title:** D () Delete
Name: HOLTZ, LAURIE S
Address: ONE S.E. THIRD AVE., 10TH FL
City-St-Zip: MIAMI, FL 33131**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERI I LEVINE

D

01/14/2004

Electronic Signature of Signing Officer or Director

Date