## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

		ANNOAL	REPORT	•				W	`		
DOCUI 1. Entity Name A.I. REAL	е	# P02721 RP.				FILED  05 APR 29 AM 9: 40  SECRETALISSEE, FLORIDA  TALLAHASSEE, FLORIDA					
Principal Place of Business Mailing Address							'ی	FURL USSE	= FLOT	AUI}	
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72 WALL STREET New York, ny 10270			70 PINE STREET ATTN E M TUCK			١,,	46-				
NEW TORK, NT 10270			NEW YORK, NY 10270 US								
2. Principal Pl	lace of Busin	1855	3. Mailing Address								
									19 G:G(1 A)G11 G1E(1	15E) II 16E1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04252005	Chg-P	CR2E0	34 (10/03)		
City & Chata			City & State				4, FEI Numbe			1 145	offeed Cor
City & State			Only di State				51-0106				plied For t Applicable
Zip		Country	Zip Country						\$8.75 Add		
		,					5. Certificate	of Status Desired		Fee Required	
6. Name and Address of Current R			egistered Agent				7. Name and Address of New Registered Agent				
					Name						
		ORPORATION SYST	EM, INC.		Street Address (P.O. Box Number is Not Acceptable)						
1201 HAYS SUITE 105					Street Address (P.O. Box Number is Not Acceptable)						
TALLAHAS		32301									
	·				City					Zip Code	
		****			•				FL	<u> </u>	
	named entitions of regis		the purpose of changing its	registere	ed office or	register	ed agent, or bot	h, in the State of Flo	orida. I am	familiar with,	and accept
tile obligati	ions or regis	tereu agent.									
SIGNATURE_											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FUE NOWELL FEE 18 \$450.00 9. Election Campaign Financing \$5.00 May Be											
		FEE IS \$150.00 5 Fee will be \$550.0		-			.00 May Be ed to Fees				ĺ
ALCO III	ay 1, 200										
10.	Γ_	OFFICERS AND I		11.			ADDITIONS/	CHANGES TO OFF	ICERS AND		
TITLE	T		☐ Delete	TITLE						Change	☐ Addition
NAME STREET ADORESS				NAM		]	14	00530	J4'3	(PI	i
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TITLE NAME	l -	WS EDWARD E	☑ Delete	TITLE			mtricu	Verio î	>	Change	Addition
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CITY-ST-ZIP				-ST-ZIP	Noi	NAVAK	NY 10277	)			
TITLE	VCD		Delete	TITLE	=	PD		1.1		☐ Change	<b>⊠</b> Addition
NAME		I, LAWRENCE W.	r <b>™</b> ≥ ∩elete	NAM		Wiir	schel	Frederick	/	☐ Unalige	M Vagilloti
STREET ADDRESS	70 PINE			STRE	ET ADDRESS	12 V	Vall Sn	-001	`		
CITY-ST-ZIP	NEW YO	RK, NY		CITY	-ST-ZIP.	New	YOrk	NY 1027	7D		
TITLE	s		☐ Delete	TITLE	Ε					☐ Change	☐ Addition
NAME	TUCK, EI	JIZABETH M		NAM	Ε						
STREET ADDRESS	70 PINE				ET ADDRESS						
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TITLE	V		🗷 Delete	TITL		VY, E				Change	Addition
NAME		ST, GERALD		NAM		Sai	ier, kos	emarie reet			
STREET ADDRESS CITY-ST-ZIP	72 WALL	SIREE: RK, NY 10270			ET ADDRESS -St-Zip	172	way St	rect	`		
	NEW TO	KK, NT 102/0		-			YOYK, N	14 1027C	)		<b>673</b> 3 4 400
TITLE NAME			☐ Delete	TITLI		100	SVP	Anthony		☐ Change	Addition
STREET ADDRESS	1				ET ADDRESS	IICO	vall str	Anthony			
CITY-ST-ZIP					-ST-ZIP	16	NULL OIL	OCCOL VI			
	L certify that th	ne information supplied with	this filing does not qualify for			سميست	<del>- 12,13,.</del>		I further ce	rtify that the is	nformation
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: Elization of Med 4/26/05 (212)770-700											
		SIGNATION AND TYPED OF	DINTED NAME OF SIGNING OFFICE	TOR DIRECT	TOR			Date		Sustina Chasa è	

Trebenic Hiri UZ .....



ACCOUNT NO. : 07210000032

REFERENCE : 343551

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE: April 28, 2005

ORDER TIME : 10:38 AM

ORDER NO. : 343551-105

CUSTOMER NO: 4320171

CUSTOMER: Bernadette Colon

American International Group, 30th Floor, 70 Pine Street

- Corporate

New York, NY 10270

## ANNUAL REPORT FILING

NAME: A.I. REALTY CORP.

XX	ANNUAL	REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY

XX PLAIN STAMPED COPY

\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 2956

EXAMINER'S INITIALS: