

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P18074**

1. Entity Name

**AMERICAN INTERNATIONAL RECOVERY, INC.**

**FILED**

**02 MAY -1 AM 11:56**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

**4501 NORTH POINT PARKWAY  
ALPHARETTA GA 30202  
US**

Mailing Address

**70 PINE STREET  
ATTN E M TUCK  
NEW YORK NY 10270  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**13-3390179**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **DC**  
STREET ADDRESS **SANDLER, ROBERT M.**  
CITY-ST-ZIP **70 PINE STREET  
NEW YORK NY**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **PD**  
STREET ADDRESS **SPANO, THOMAS**  
CITY-ST-ZIP **161 WILMINGTON-WESTCHESTER PIKE  
CHADDS FORD PA 19317**

TITLE ☐ Change ☒ Addition  
NAME **PD**  
STREET ADDRESS **Flaherty, Thomas M.**  
CITY-ST-ZIP **4501 Northpoint Parkway  
Alpharetta, GA 30202**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **TUCK, ELIZABETH M.**  
CITY-ST-ZIP **70 PINE STREET  
NEW YORK NY 10270**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **WHEELER, LARRY**  
CITY-ST-ZIP **4501 NORTH POINT PARKWAY  
ALPHARETTA GA 30202**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **MCFATE, CAROL ANN**  
CITY-ST-ZIP **70 PINE STREET  
NEW YORK NY 10270**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **TIZZO, THOMAS R**  
CITY-ST-ZIP **175 WATER STREET  
NEW YORK NY 10038**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-30-02 (202) 770-7000**

CR2E034 (9/01)

0618556 AT



2052

ACCOUNT NO. : 072100000032

REFERENCE : 556901 4320171

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : April 30, 2002

ORDER TIME : 11:26 AM

ORDER NO. : 556901-005

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon  
American International Group,  
70 Pine Street  
30th Floor  
New York, NY 10270

*Patricia Pzyt*

RECEIVED  
02 MAY -1 PM 1:58  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: AMERICAN INTERNATIONAL  
RECOVERY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson - Ext. 1155

EXAMINER'S INITIALS: \_\_\_\_\_