



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P18074</b> 1. Entity Name AMERICAN INTERNATIONAL RECOVERY, INC.						FILED 04 APR 29 AM 10:10 800034741708 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				04262004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 13-3390179				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>			
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SANDLER, ROBERT M. 70 PINE STREET NEW YORK, NY			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC moor, kristian P. 175 water street New York, NY 10038		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLAHERTY, THOMAS M 4501 NORTH POINT PARKWAY ALPHARETTA, GA 30202			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCK, ELIZABETH M. 70 PINE STREET NEW YORK, NY 10270			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHEELER, LARRY 4501 NORTH POINT PARKWAY ALPHARETTA, GA 30202			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENSINGER, STEVEN J 70 PINE STREET NEW YORK, NY 10270			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIZZIO, THOMAS R 175 WATER STREET NEW YORK, NY 10038			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Elizabeth M. Tuck</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-26-04 (212) 710-7000 <small>Date Daytime Phone #</small>			



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 598287 4320171

AUTHORIZATION :

*Patricia Reguero*

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2004

ORDER TIME : 10:14 AM

ORDER NO. : 598287-115

CUSTOMER NO: 4320171

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

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: Sara Lea - Ext. 2914

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

RECEIVED  
04 APR 29 PM 1:08  
DEF. DIV. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA