



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P18074 1. Entity Name AMERICAN INTERNATIONAL RECOVERY, INC.			FILED APR 29 AM 10:21 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		 04252005 No Chg-P CR2E034 (10/03)
<h2>DO NOT WRITE IN THIS SPACE</h2>		4. FEI Number 13-3390179	
6. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301		<h2>DO NOT WRITE IN THIS SPACE</h2>	
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)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		700053043927	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MOOR, KRISTIAN P 175 WALTER 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	S TUCK, ELIZABETH M. 70 PINE STREET NEW YORK, NY 10270		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHEELER, LARRY 4501 NORTH POINT PARKWAY ALPHARETTA, GA 30202		
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	D TIZZIO, THOMAS R 175 WATER STREET NEW YORK, NY 10038		
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. Moor</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/20/05 (22) 770-7000 <small>Date Daytime Phone #</small>	



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 343551 4320171

AUTHORIZATION : *Patricia Pizarro*

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2005

ORDER TIME : 10:38 AM

ORDER NO. : 343551-110

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: Susie Knight - Ext. 2956

EXAMINER'S INITIALS: _____

RECEIVED
05 APR 29 PM 1:07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA