2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P96000066353** FILED AIG WARRANTYGUARD AGENCY, INC. 00 JUL -7 AM 9: 30 Principal Place of Business Mailing Address SECRETARY OF STATE 70 PINE STREET 70 PINE STREET TALLAHASSEE, FLORIDA 30TH FLOOR NEW YORK NY 10270 NEW YORK NY 10270-3099 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State FEI Number 13-3921628 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Chief operating officer ☐ Addition ☐ Change Delete TITLE TITLE NAME Frankel, Matthew FABEL, MERRITT W NAME STREET ADDRESS STREET ADDRESS 175 Water Street New York, MY **70 PINE STREET** CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10270** Change ☐ Addition TIT) F ☐ Delete TITLE NAME TUCK, ELIZABETH M NAME STREET ADDRESS STREET ADDRESS **70 PINE STREET** CITY-ST-ZIP CITY-ST-7IP NEW YORK NY 10270 Addition Change TITLE TD Delete TITLE Jacobson, Robert P. NAME CASTELLI, MICHAEL J NAME 15 water street STREET ADDRESS 175 WATER STREET STREET ADDRESS CITY-ST-ZIP PW YORK. MY CITY-ST-ZIP **NEW YORK NY 10038** ☐ Change ☐ Addition D ☐ Delete TITLE NAME **GOLODNER, LAWRENCE S** NAME STREET ADDRESS STREET ADDRESS 70 PINE STREET CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10270** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME LS: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 800003317538--3 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.



| ACCOUNT | NO. | : | 072100000032 |
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REFERENCE :

AUTHORIZATION

COST LIMIT : \$ 550.00

ORDER DATE : July 6, 2000

ORDER TIME : 4:22 PM

ORDER NO. : 755506-110

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon

American International Group,

70 Pine Street 27th Floor

New York, NY 10270

ANNUAL REPORT FILING

NAME: AIG WARRANTYGUARD AGENCY, INC.

| <u> </u> | ANNUAL I | KEPO | S.T. | | | | |
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| PLEASE | RETURN | THE | FOLLOWING | AS | PROOF | OF | FILING: |
| XX | - | STAN | COPY MPED COPY TE OF GOOD | STA | ANDING | | |

EXAMINER'S INITIALS: