



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 135013		2. Name of Corporation AIG WORLD INVESTIGATIVE RESOURCES, INC.		
3. Street Address Principal Business Office 70 Pine Street		City New York	State NY	Zip 10270
4. Business Phone No. (212) 770-7000		5. State of Incorporation DELAWARE		6. SIC Code 7914
7. Brief Description of the Character of Business Conducted in Rhode Island INVESTIGATIONS PERTAINING TO CORPORATE BUSINESS AFFAIRS				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Louis Parisi		Vice President Name ERIC KOBRICK		
Street Address 70 Pine Street		Street Address 70 Pine Street		
City New York	State NY	Zip 10270	City New York	State NY
Secretary Name Elizabeth M. Tuck		Treasurer Name Steven J. Bensinger		
Street Address 70 Pine Street		Street Address 70 Pine Street		
City New York	State NY	Zip 10270	City New York	State NY
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Eric Kobrick		Director Name Ernest T. Patrikis		
Street Address 70 Pine Street		Street Address 70 Pine Street		
City New York	State NY	Zip 10270	City New York	State NY
Director Name Louis Parisi		Director Name Howard I. Smith		
Street Address 70 Pine Street		Street Address 70 Pine Street		
City New York	State NY	Zip 10270	City New York	State NY
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 COMM \$1.00 PAR VALUE			1,000	Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



135013

File Date **FILED**
Check No. **MAR 15 2005**
By: **[Signature]**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **[Signature]** Date _____
Print or Type Name of Officer **Elizabeth M. Tuck**
Title of Officer **Secretary**



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

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8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/>					
President Name LOUIS PARISI			Vice President Name ERIC S. KOBRICK		
Street Address 70 PINE STREET			Street Address 70 PINE STREET		
City NEW YORK	State NEW YORK	Zip 10270	City NEW YORK	State NEW YORK	Zip 10270
Secretary Name ELIZABETH M. TUCK			Treasurer Name STEVEN J. BENSINGER		
Street Address 70 PINE STREET			Street Address 70 PINE STREET		
City NEW YORK	State NY	Zip 10270	City NEW YORK	State NEW YORK	Zip 10270
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/>					
Director Name ERIC S. KOBRICK			Director Name ERNEST T. PATRIKIS		
Street Address 70 PINE STREET			Street Address 70 PINE STREET		
City NEW YORK	State NEW YORK	Zip 10270	City NEW YORK	State NEW YORK	Zip 10270
Director Name LOUIS PARISI			Director Name HOWARD I. SMITH		
Street Address 70 PINE STREET			Street Address 70 PINE STREET		
City NEW YORK	State NEW YORK	Zip 10270	City NEW YORK	State NEW YORK	Zip 10270
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AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMMON	\$1.00	1,000	COMMON	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date 4/2/04 11:20 71 7 JdH
Check No. 01194036 C 26528
By: EL
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Elizabeth M. Tuck 3/11/2004
Signature of Officer Date
ELIZABETH M. TUCK
Print or Type Name of Officer
SECRETARY
Title of Officer
Form 630 1201