FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY 18 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **827221** **(3)**

1. Corporation Name
AMBAC ASSURANCE CORPORATION

Principal Place of Business	Mailing Address
1 STATE STREET PLAZA NEW YORK NY 10004	ONE STATE STREET PLAZA ATTN: KEVIN DOLAN NEW YORK NY 10004 US

300002528563--3
DO-NOT WRITE ABOVE THIS LINE -002

****150.00 ****150.00

3. Date Incorporated or Qualified: 12/22/1971

4. FEI Number: 39-1135174 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No N/A

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

RENDAHL, MORRIS
8875 HIDDEN RIVER PKWY #300
TAMPA FL 33637

10. Name and Address of New Registered Agent

81 Name: Florida Commissioner of Insurance
82 Street Address (P.O. Box Number is Not Acceptable): Dept. of Insurance, State Capitol
83: Plaza Level Eleven
84 City: Tallahassee **FL** 85 Zip Code: 32399

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	LASSITER, PHILLIP B		1.2 NAME	David L. Boyle	
STREET ADDRESS	1 STATE ST.PLZ.,17TH FL.		1.3 STREET ADDRESS	One State Street Plaza, 17th Floor	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	New York, New York 10004	
TITLE	DV	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GENADER, ROBERT J.		2.2 NAME	Michael A. Callen	
STREET ADDRESS	1 STATE ST. PLAZA		2.3 STREET ADDRESS	One State Street Plaza, 17th Floor	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	New York, New York 10004	
TITLE	T	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	BIVONA, FRANK		3.2 NAME	Richard Dulude	
STREET ADDRESS	1 STATE ST. PLAZA 17TH		3.3 STREET ADDRESS	One State Street Plaza, 17th Floor	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	New York, New York 10004	
TITLE	V	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SALZANO, JOSEPH		4.2 NAME	W. Grant Gregory	
STREET ADDRESS	ONE STATE STREET PLAZA		4.3 STREET ADDRESS	One State Street Plaza, 17th Floor	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	New York, New York 10004	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	O'NEIL, C RODERICK		5.2 NAME	C. Roderick O'Neil	
STREET ADDRESS	526 BEDFORD RD		5.3 STREET ADDRESS	One State Street Plaza, 17th Floor	
CITY-ST-ZIP	MT KISCO NY		5.4 CITY-ST-ZIP	New York, New York 10004	
TITLE	S	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	COOKE, STEPHEN D.		6.2 NAME	Renso Leo Caporali	
STREET ADDRESS	1 STATE ST.PLZ.,17TH FL.		6.3 STREET ADDRESS	One State Street Plaza, 17th Floor	
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP	New York, New York 10004	

CR2E034 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, added or an attachment with an address.

SIGNATURE: [signature] 4/22/98 212-208 3482