FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # P15430

(2)

CAPITAL GUARANTY INSURANCE COMPANY

Now Known As" FINANCIAL SECURITY ASSURANCE OF MARYLANDING.

Mailing Address



STEUART TOWER - 22ND FLOOR ONE MARKET PLAZA SAN FRANCISCO CA 94105-8413	Stegart Tower - 22 One Market Plaza San Francisco Ca			3. Date Incorporated or Qualified 07/31/1987	3a. Date of Last Report 03/17/1995	
2. Principal Place of Business 21 350 Pank AVE .	2a. Mailing Address 26 350 Hurk	AYE.		4. FEI Number 52-1474358	Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	See Required	
City & State 23 NEW YORK, NY	City & State 28 NEW York	ИЛ		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip 10022. Country 25	^{Ziρ} 00 22	Country 30		8. This corporation has liability for in Florida Statutes Yes	· ·	
9. Name and Address of Current Registered Agent			10. Name and Address of New Re	egistered Agent		
CLODIO A INIQUIDANCE COMMICCIONE	D	81	Name			
FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING			Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301		83	-05/24/9601110030			
*		84	City	***200.00	FL 85 Zip Code	
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registorial agent and bills diagramable. (NOTE Registered Agent separative required when remistating) DATE DATE						

SIGNATURE		and the second	14. Davietered Agent const. on	no includes receiving
Signature: typed or printed name of registronal agent and talls of applicable. NO 12. OFFICERS AND DIRECTORS		Hogistered Agent signature required when resistating? DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	X DELETE	1. 1 TITLE	Director, President, CEO
. NAME	DJORDJEVICH, MICHAEL		1.2 NAME	Robert P. Cochran
STREET ADDRESS	ONE MARKET PLAZA		1.3 STREET ADDRESS	350 Pon K Ave.
CITY-ST-ZIP	SAN FRANCISCO CA		1.4 CHY-ST-ZIP	New York, NY 10022
TITLE	SDV	D DELETÉ	2 1 TITLE	Managing Director, CTO Change Addition
NAME	CHERNEY, NANCY A	•	2.2 NAME	John A. Harrison
STREET ADDRESS	ONE MARKET PLAZA		2.3 STREET ADDRESS	350 Ponk Ave.
CITY-ST-ZIP	SAN FRANCISCO CA		2.4 CITY - ST - 7 P	New York, NY 10012
TITLE	DV	EX DELETE	3 1 TITLE	Managing Director, Treasures Change Addition
NAME	MCGEE, NANCY J.	•	3.2 NAMÉ	Edsel C. Langley JR.
STREET ADDRESS	ONE MARKET PLAZA		3.3 STREET ADDRESS	350 PONK Ave.
City - St - ZIP	SAN FRANCISCO CA		3.4 CITY - \$1 - 2IP	New York, NY 10022
TITLE	V	DELETE.	4. 1 TITLE	Managing Director, Controller Change Addition
NAME	MCCLURE, STEPHEN S		4.2 NAME	Jeffrey's. Joseph
STREET ADDRESS	ONE MARKET PLAZA		4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA		4.4.0!TY-ST-ZIP	NEW York , NY 10022
TITLE	V	™ DELFTE	5 1 TITLE	Managing Director, General Cransel, Change Addition
NAME	KESSLER, ROBERT M	•	5.2 NAME	Brice E. Stern Secretary
STREET ADDRESS	ONE MARKET PLAZA		5.3 STREET ADDRESS	950 PMK Ave.
CITY-ST-ZIP	SAN FRANCISCO CA		5.4 CITY - ST - ZIP	New York, NY 10022
TITLE	V	DELETE	6. 1 TITLE	Via President , Asst. Secretory Parange Addition
NAME	CLARK, GREGORY A	•	6.2 NAME	Barry R. Scott
STREET ADDRESS	ONE MARKET PLAZA		6.3 STREET ADDRESS	The first of Advisor Physics Co.
	SAN EDANCISCO CA		C + C(1) / CT - 3(5)	Sno Francisco CA 90105

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 3 changed, or on as attachment with an address.

SIGNATURE:

JEFFREY 5. LOSEPH
of Controller Director of Controller

1/26/96 (212)374. 3/19

Barthe Plant #

CR2E034 (12/95)