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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P15430** (2)
1. Corporation Name
FINANCIAL SECURITY ASSURANCE OF MARYLAND INC.



Principal Place of Business
**350 PARK AVE.
NEW YORK NY 10022**

Mailing Address
**350 PARK AVE.
NEW YORK NY 10022-6022**

3. Date Incorporated or Qualified 07/31/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 52-1474358	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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. 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	MDC ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOSEPH, JEFFEY S	1.2 NAME	
STREET ADDRESS	350 PARK AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	1.4 CITY-ST-ZIP	
TITLE	MD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STERN, BRUCE E	2.2 NAME	
STREET ADDRESS	350 PARK AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	2.4 CITY-ST-ZIP	
TITLE	VAS ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, BARRY R	3.2 NAME	
STREET ADDRESS	350 PARK AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	3.4 CITY-ST-ZIP	
TITLE	DP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COCHRAN, ROBERT P	4.2 NAME	
STREET ADDRESS	350 PARK AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	4.4 CITY-ST-ZIP	
TITLE	DCFO ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HARRISON, JOHN A	5.2 NAME	
STREET ADDRESS	350 PARK AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	5.4 CITY-ST-ZIP	
TITLE	MDT ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LANGLEY, EDESL C JR.	6.2 NAME	
STREET ADDRESS	350 PARK AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	6.4 CITY-ST-ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE: Jeffrey S. Joseph, **Jeffrey S. Joseph, Managing Director 1/3/97 (212) 359-3585**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)