

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 804942 (1)

1. Corporation Name

CAPITAL MARKETS ASSURANCE CORPORATION

FILED
95 JAN 25 PM 2 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

885 THIRD AVE
14TH FLOOR
NEW YORK NY 10022

Mailing Address

885 THIRD AVE
14TH FLOOR
NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/02/1938

3a. Date of Last Report

02/18/1994

4. FEI Number

13-5165865

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

01. Name

02. Street Address (P.O. Box Number is Not Acceptable)

03.

04. City

FL

05. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P
CAQUETTE, JOHN B.
885 THIRD AVE 14TH FL
NEW YORK NY

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MD
LAM, ALEX S.K.
855 THIRD AVE 14TH FL
NEW YORK NY

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPS
WERTHEIM, RAM D
885 THIRD AVE, 14TH FL
NEW YORK NY

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP
BAYER, LILY L
885 THIRD AVE 14TH FL
NEW YORK NY

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Managing Director

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 190.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13a, changed by or under amendment with an addition.

SIGNATURE:

[Signature]

Lily Lee Bayer

01/16/95

(212) 755-1155

PRINT NAME AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Original Filing #