

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 804942

1. Entity Name

CAPITAL MARKETS ASSURANCE CORPORATION

Principal Place of Business

Mailing Address

113 KING STREET  
ATTN: BARBARA EDELMANN  
ARMONK NY 10504

113 KING STREET  
ATTN: BARBARA EDELMANN  
ARMONK NY 10504-1611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-5165865

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32304

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CAOQUETTE, JOHN B	
STREET ADDRESS	113 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	SEVP	<input checked="" type="checkbox"/> Delete
NAME	ELLIOTT, DAVID H	
STREET ADDRESS	113 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	TEHRANI, JULIETTE	
STREET ADDRESS	113 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	GCS	<input type="checkbox"/> Delete
NAME	LENZI, LOUIS G	
STREET ADDRESS	113 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Executive Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Gary C. Dunton	
STREET ADDRESS	113 King Street	
CITY-ST-ZIP	Armonk, NY 10504	
TITLE	CFO & Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Neil G. Budnick	
STREET ADDRESS	113 King Street	
CITY-ST-ZIP	Armonk, NY 10504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis G. Lenzi, Secretary

1-31-00

914-765-3912

Daytime Phone #

FILED

Feb 08, 2000 8:00 am  
Secretary of State

02-08-2000 90050 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE