2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# 804942

Entity Name: CAPITAL MARKETS ASSURANCE CORPORATION

Current Principal Place of Business:

113 KING STREET
ATTN: BARBARA EDELMANN
ARMONK, NY 10504

New Principal Place of Business:

113 KING STREET
ATTN: JOSEPH BEATTIE
ARMONK, NY 10504

Current Mailing Address:

113 KING STREET
ATTN: BARBARA EDELMANN
ARMONK, NY 10504

New Mailing Address:

113 KING STREET
ATTN: JOSEPH BEATTIE
ARMONK, NY 10504

FEI Number: 13-5165865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MDT ( ) Delete
Name: THEVENET, RICHARD R
Address: 113 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: MDG ( ) Delete
Name: WERTHEIM, RAM D
Address: 113 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: CCEO ( ) Delete
Name: DUNTON, GARY C
Address: 113 KING ST
City-St-Zip: ARMONK, NY 10504

Title: VPAS ( ) Delete
Name: EDELMANN, BARBARA B
Address: 113 KING ST
City-St-Zip: ARMONK, NY 10504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MDT (X) Change ( ) Addition
Name: PASTORE, FRED C
Address: 113 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PCOO (X) Change ( ) Addition
Name: CHAPLIN, EDWARD C
Address: 113 KING ST
City-St-Zip: ARMONK, NY 10504

Title: AS (X) Change ( ) Addition
Name: MAKODE, GAIL D
Address: 113 KING ST
City-St-Zip: ARMONK, NY 10504

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH BEATTIE ASSO 06/26/2009

Electronic Signature of Signing Officer or Director — Date