

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804942

FILED
Jan 06, 2010
Secretary of State

Entity Name: CAPITAL MARKETS ASSURANCE CORPORATION

Current Principal Place of Business:

113 KING STREET
ATTN: JOSEPH BEATTIE
ARMONK, NY 10504

New Principal Place of Business:

Current Mailing Address:

113 KING STREET
ATTN: JOSEPH BEATTIE
ARMONK, NY 10504

New Mailing Address:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCFO
Name: CHAPLIN, EDWARD C
Address: 113 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: PCOO
Name: FALLON, WILLIAM C
Address: 113 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: MDGC
Name: WERTHEIM, RAM D
Address: 113 KING ST
City-St-Zip: ARMONK, NY 10504

Title: MDCI
Name: CORSO, CLIFFORD D
Address: 113 KING ST
City-St-Zip: ARMONK, NY 10504

Title: MDT
Name: PASTORE, ALFRED C
Address: 113 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: AS
Name: MAKODE, GAIL D
Address: 113 KING STREET
City-St-Zip: ARMONK, NY 10504

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH BEATTIE

SA

01/06/2010

Electronic Signature of Signing Officer or Director

Date