

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90084 027 ***150.00

DOCUMENT # 804942

1. Entity Name
CAPITAL MARKETS ASSURANCE CORPORATION



Principal Place of Business
113 KING STREET
ATTN: BARBARA EDELMANN
ARMONK NY 10504

Mailing Address
113 KING STREET
ATTN: BARBARA EDELMANN
ARMONK NY 10504



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-5165865**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P**
STREET ADDRESS **CAOQUETTE, JOHN B**
CITY-ST-ZIP **113 KING STREET**
ARMONK NY 10504 ☒ Delete

TITLE
NAME **Chairman + CEO**
STREET ADDRESS **Joseph Brown**
CITY-ST-ZIP **113 King St.**
Armonk NY 10504 ☐ Change ☐ Addition

TITLE
NAME **MDS**
STREET ADDRESS **WEILL, RICHARD L**
CITY-ST-ZIP **113 KING STREET**
ARMONK NY 10504 ☐ Delete

TITLE
NAME **Vice Chairman + Sec.**
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME **MDG**
STREET ADDRESS **WERTHEIM, RAM D**
CITY-ST-ZIP **113 KING STREET**
ARMONK NY 10504 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME **MD**
STREET ADDRESS **DUNTON, GARY C**
CITY-ST-ZIP **113 KING ST**
ARMONK NY 10504 ☐ Delete

TITLE
NAME **President + COO**
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME **CFOT**
STREET ADDRESS **BUDNICK, NEIL G**
CITY-ST-ZIP **113 KING ST**
ARMONK NY 10504 ☐ Delete

TITLE
NAME **Vice Chairman + CFO**
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)