

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827221

1. Entity Name

AMBAC ASSURANCE CORPORATION

Principal Place of Business

Mailing Address

ONE STATE STREET PLAZA
NEW YORK NY 10004

ONE STATE STREET PLAZA
ATTN: KEVIN DOLAN
NEW YORK NY 10004-1505
US

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 39-1135174

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

FLORIDA COMMISSIONER OF INSURANCE
DEPT OF INSURANCE, STATE CAPITOL
PLAZA LEVEL ELEVEN
TALLAHASSEE FL 32399

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME LASSITER, PHILLIP B
STREET ADDRESS 1 STATE ST.PLZ.,17TH FL.
CITY-ST-ZIP NEW YORK NY 10004

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

TITLE VD ☐ Delete
NAME GENADER, ROBERT J
STREET ADDRESS ONE STATE STREET PLAZA
CITY-ST-ZIP NEW YORK NY 10004

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

TITLE V ☐ Delete
NAME BIVONA, FRANK
STREET ADDRESS 1 STATE ST. PLAZA 17TH
CITY-ST-ZIP NEW YORK NY

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

TITLE V ☒ Delete
NAME SALZANO, JOSEPH
STREET ADDRESS ONE STATE STREET PLAZA
CITY-ST-ZIP NEW YORK NY

TITLE MD ☐ Change ☒ Addition
NAME Bienstock, Gregg L.
STREET ADDRESS One State Street Plaza, 15th Fl.
CITY-ST-ZIP New York, NY 10004

TITLE D ☐ Delete
NAME O'NEIL, RODERICK C
STREET ADDRESS ONE STATE STREET PLAZA, 17TH FLOOR
CITY-ST-ZIP NEW YORK NY 10004

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

TITLE S ☐ Delete
NAME COOKE, STEPHEN D
STREET ADDRESS 1 STATE ST.PLZ.,17TH FL.
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition
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:

Stephen D. Cooke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen D. Cooke

4/26/00

(212) 208-3482

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE