


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90040 004 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # 827221</b>                             |  |
| 1. Entity Name<br><b>AMBAC ASSURANCE CORPORATION</b> |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>ONE STATE STREET PLAZA<br/>NEW YORK NY 10004</b> | Mailing Address<br><b>ONE STATE STREET PLAZA<br/>ATTN: MELISSA VELIE<br/>NEW YORK NY 10004<br/>US</b> |
|--|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



MOORE CR2E034 (11/03)

|   |  |  |
|---|--|--|
| 4. FEI Number<br><b>39-1135174</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent  |  |
| <b>CHIEF FINANCIAL OFFICER-</b><br><b>P O BOX 6200 (32314-6200)</b><br><b>200 E. GAINES ST</b><br><b>TALLAHASSEE FL 32399-0000</b> |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>LASSITER, PHILLIP B<br>ONE STATE STREET PLAZA<br>NEW YORK NY 10004         | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GENADER, ROBERT J<br>ONE STATE STREET PLAZA<br>NEW YORK NY 10004           | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VC<br>BIVONA, FRANK<br>ONE STATE STREET PLAZA<br>NEW YORK NY 10004               | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T<br>Robert Starr<br>One State Street Plaza<br>New York, NY 10004 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CONSIDINE, JILL M<br>ONE STATE STREET PLAZA<br>NEW YORK NY 10004            | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>UNGER, LAURA S<br>ONE STATE STREET PLAZA., 17TH FLOOR<br>NEW YORK NY 10004  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MD<br>BIENSTOCK, GREGG L<br>ONE STATE STREET PLAZA, 15TH FL<br>NEW YORK NY 10004 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S<br>Anne Gill<br>One State Street Plaza<br>New York, NY 10004    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Melissa Velie Asst Vice President 2/23/04 212-208-3382  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #