

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839784

FILED
Jan 05, 2012
Secretary of State

Entity Name: NATIONAL PUBLIC FINANCE GUARANTEE CORPORATION

Current Principal Place of Business:

113 KING ST.
ARMONK, NY 10504

New Principal Place of Business:

Current Mailing Address:

113 KING ST.
LEGAL DEPARTMENT, 2ND FLOOR
ARMONK, NY 10504

New Mailing Address:

FEI Number: 37-6025608 **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

OFFICERS AND DIRECTORS:

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

Title: CFOT
Name: YOUNG, CHRISTOPHER H
Address: 113 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: MDGC
Name: MCMANUS, DANIEL E JR.
Address: 113 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: MD
Name: MURRAY, GERARD E
Address: 113 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: MD
Name: BLACKWELL, BRUCE E
Address: 113 KING STREET
City-St-Zip: ARMONK, NY 10504 US

Title: MDAS
Name: SAUNDERS, GARY
Address: 113 KING STREET
City-St-Zip: ARMONK, NY 10504 US

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

AVP

01/05/2012

Electronic Signature of Signing Officer or Director

Date