

849969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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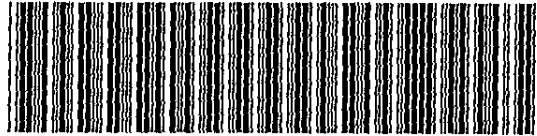
(Business Entity Name)

(Document Number)

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05 MAY 10 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For  
Amer

MAY 10 2005

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CDC RIS FINANCIAL GUARANTEE NORTH AMERICA, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** P49969

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Solan Schwab  
(Name of person)

CFG Assurance North America, Inc  
(Name of firm/company)

825 Third Avenue, 6<sup>th</sup> FL  
(Address)

New York NY 10022  
(City/state and zip code)

For further information concerning this matter, please call:

Solan Schwab at (212) 418-8367  
(Name of person) (Area code & daytime telephone number)

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 27, 2005

SOLAN SCHWAB  
825 3 AVE 6 FLOOR  
NEW YORK, NY 10022

SUBJECT: CDC IXIS FINANCIAL GUARANTY NORTH AMERICA, INC.  
Ref. Number: 849969

We have received your document for CDC IXIS FINANCIAL GUARANTY NORTH AMERICA, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith  
Document Specialist

Letter Number: 105A00029039

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

849969

(Document number of corporation (if known))

1. CDC IXIS FINANCIAL GUARANTY NORTH AMERICA, INC.  
(Name of corporation as it appears on the records of the Department of State)
2. NEW YORK  
(Incorporated under laws of)
3. 9/25/05  
(Date authorized to do business in Florida)

FILED  
05 MAY 10 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 2/23/05
5. CIFG ASSURANCE NORTH AMERICA, INC.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration. N/A

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction. N/A

\_\_\_\_\_  
(New jurisdiction)

James O'Keefe  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

James O'Keefe  
(Typed or printed name of person signing)

4/12/05  
(Date)

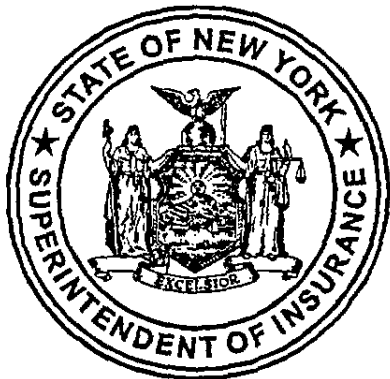
\_\_\_\_\_  
(Title of person signing)

**SHORT CERTIFICATE**

**STATE OF NEW YORK  
INSURANCE DEPARTMENT**

**It is hereby certified that the attached copy of Amended and Restated Charter of CDC IXIS Financial Guaranty North America, Inc., of New York, New York, to change the name of the corporation to CIFG Assurance North America, Inc. and to amend article III removing residual value insurance from the company's corporate powers, as approved by this Department February 23, 2005, pursuant to Section 1206 of the New York Insurance Law,**

**has been compared with the original on file in this Department and that it is a correct transcript therefrom and of the whole of said original.**



**In Witness Whereof, I have here-  
unto set my hand and affixed  
the official seal of this Department  
at the City of Albany, this  
23rd day of February, 2005.**

  
**Salvatore Castiglione  
Special Deputy Superintendent**