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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 857908 (8)
1. Corporation Name
FINANCIAL SECURITY ASSURANCE INTERNATIONAL INC.



Principal Place of Business
350 PARK AVENUE
NEW YORK NY 10022

Mailing Address
350 PARK AVENUE
NEW YORK NY 10022-6022

3. Date Incorporated or Qualified
09/28/1983

3a. Date of Last Report
02/02/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
13-3068732

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MSD	1.1 TITLE	
NAME	STERN, BRUCE E	1.2 NAME	
STREET ADDRESS	350 PARK AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	MCFO	2.1 TITLE	
NAME	HARRISON, JOHN A	2.2 NAME	
STREET ADDRESS	350 PARK AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	MDT	3.1 TITLE	
NAME	LANGLEY, EDESL C	3.2 NAME	
STREET ADDRESS	350 PARK AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	MC	4.1 TITLE	
NAME	JOSEPH, JEFFREY S	4.2 NAME	
STREET ADDRESS	350 PARK AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	COCHRAN, ROBERT P.	5.2 NAME	
STREET ADDRESS	350 PARK AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	M	6.1 TITLE	
NAME	RIKER, R. ANTHONY	6.2 NAME	
STREET ADDRESS	350 PARK AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. Anthony Riker 1/9/97 (212) 339-3408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)