



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90028 015 ***150.00

DOCUMENT # F02000005617 1. Entity Name AMBAC SECURITIES, INC.					
Principal Place of Business 905 MARCONI AVENUE RONKONKOMA, NY 11779			Mailing Address 905 MARCONI AVENUE RONKONKOMA, NY 11779		
2. Principal Place of Business One State Street Plaza		3. Mailing Address One State Street Plaza		 01052004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. New York, NY 10004		Suite, Apt. #, etc. New York, NY 10004			
City & State		City & State			
Zip	Country US	Zip	Country US		
4. FEI Number 13-3910429				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKE, KEVIN J <input checked="" type="checkbox"/> Delete 905 MARCONI AVENUE RONKONKOMA, NY 11779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Tsigakos One State Street Plaza New York, New York 10004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete GANDOLFO, THOMAS J 905 MARCONI AVENUE RONKONKOMA, NY 11779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thomas J. Gandolfo One State Street Plaza New York, NY 10004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD <input type="checkbox"/> Delete DYMANT, STEVEN L 905 MARCONI AVENUE RONKONKOMA, NY 11779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Steven L. Dymant One State Street Plaza New York, NY 10004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD <input checked="" type="checkbox"/> Delete GORDON, SCOTT 905 MARCONI AVENUE RONKONKOMA, NY 11779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Anne G. Gill One State Street Plaza New York, NY 10004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD <input checked="" type="checkbox"/> Delete KUMASAKI, ROD 905 MARCONI AVENUE RONKONKOMA, NY 11779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David L. Boyle One State Street Plaza New York, NY 10004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD <input type="checkbox"/> Delete RAMOS, EULOGIO A 905 MARCONI AVENUE RONKONKOMA, NY 11779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Eulogio A. Ramos One State Street Plaza New York, NY 10004	
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: <u><i>J. Schiffer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 02-04-04 <small>Daytime Phone #</small>		