

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-18-2004 90028 015 ***150.00

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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

Suite, Apt. #, etc.
New York, NY 10004

Suite, Apt. #, etc.
New York, NY 10004

City & State

City & State

01052004 Chg-P CR2E034 (10/03)

4. FEI Number
13-3910429

Applied For
 Not Applicable

Zip Country **US** Zip Country **US**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$650.00**

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 **P** Delete
 NAME **BURKE, KEVIN J**
 STREET ADDRESS **905 MARCONI AVENUE**
 CITY-ST-ZIP **RONKONKOMA, NY 11779**

TITLE **P** Change Addition
 NAME **John Tsigakos**
 STREET ADDRESS **One State Street Plaza**
 CITY-ST-ZIP **New York, New York 10004**

TITLE **T** Delete
 NAME **GANDOLFO, THOMAS J**
 STREET ADDRESS **905 MARCONI AVENUE**
 CITY-ST-ZIP **RONKONKOMA, NY 11779**

TITLE **Treasurer** Change Addition
 NAME **Thomas J. Gandolfo**
 STREET ADDRESS **One State Street Plaza**
 CITY-ST-ZIP **New York, NY 10004**

TITLE **MD** Delete
 NAME **DYMANT, STEVEN L**
 STREET ADDRESS **905 MARCONI AVENUE**
 CITY-ST-ZIP **RONKONKOMA, NY 11779**

TITLE **Managing Director** Change Addition
 NAME **Steven L. Dymant**
 STREET ADDRESS **One State Street Plaza**
 CITY-ST-ZIP **New York, NY 10004**

TITLE **MD** Delete
 NAME **GORDON, SCOTT**
 STREET ADDRESS **905 MARCONI AVENUE**
 CITY-ST-ZIP **RONKONKOMA, NY 11779**

TITLE **Secretary** Change Addition
 NAME **Anne G. Gill**
 STREET ADDRESS **One State Street Plaza**
 CITY-ST-ZIP **New York, NY 10004**

TITLE **MD** Delete
 NAME **KUMASAKI, ROD**
 STREET ADDRESS **905 MARCONI AVENUE**
 CITY-ST-ZIP **RONKONKOMA, NY 11779**

TITLE **Director** Change Addition
 NAME **David L. Boyle**
 STREET ADDRESS **One State Street Plaza**
 CITY-ST-ZIP **New York, NY 10004**

TITLE **MD** Delete
 NAME **RAMOS, EULOGIO A**
 STREET ADDRESS **905 MARCONI AVENUE**
 CITY-ST-ZIP **RONKONKOMA, NY 11779**

TITLE **Managing Director** Change Addition
 NAME **Eulogio A. Ramos**
 STREET ADDRESS **One State Street Plaza**
 CITY-ST-ZIP **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: J. Schuffel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-04-04
 Date Daytime Phone #