


1073

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000005617				06 JAN -3 AM 11:07	
1. Entity Name AMBAC SECURITIES, INC.		Principal Place of Business ONE STATE ST PLAZA NEW YORK, NY 10004		Mailing Address ONE STATE ST PLAZA NEW YORK, NY 10004	
2. Principal Place of Business		3. Mailing Address		SEC. OF STATE TALLAHASSEE, FLORIDA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		REINSTATEMENT	
City & State		City & State		05	
Zip		Zip		10172005 REIN-P CR2E098 (6/04)	
Country		Country		4. FEI Number 13-3910429	
Country		Country		Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT 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			Zip Code		
FL					
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: <i>[Signature]</i>		ASST. Secy		12/6/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TSIGAKOS, JOHN		NAME	200061448672	
STREET ADDRESS	ONE STATE ST PLAZA		STREET ADDRESS	11/15/05--01072--019	**750.00
CITY-ST-ZIP	NEW YORK, NY 10004		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANDOLFO, THOMAS J		NAME	GANDOLFO THOMAS, J.	
STREET ADDRESS	ONE STATE ST PLAZA		STREET ADDRESS	same	
CITY-ST-ZIP	NEW YORK, NY 10004		CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYMANT, STEVEN L		NAME		
STREET ADDRESS	ONE STATE STREET PLAZA		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10004		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL, ANNE G		NAME	ANNE GILL KELLY	
STREET ADDRESS	ONE STATE ST PLAZA		STREET ADDRESS	same	
CITY-ST-ZIP	NEW YORK, NY 10004		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYLE, DAVID L		NAME	THOMAS GANDOLFO	
STREET ADDRESS	ONE STATE ST PLAZA		STREET ADDRESS	ONE STATE ST. PLAZA	
CITY-ST-ZIP	NEW YORK, NY 10004		CITY-ST-ZIP	NEW YORK, NY 10004	
TITLE	MD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, EULOGIO A		NAME		
STREET ADDRESS	ONE STATE ST PLAZA		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10004		CITY-ST-ZIP		
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 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: <i>[Signature]</i>		Stacy B. Spain		10/29/2005 212-658-7568	
Signature, typed or printed name of signing officer or director		Date		Daytime Phone #	

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Michael C. Morcom
Lorne Potash
John P. Siris
Regina C. Watkins

Vice President
Vice President
Vice President
Vice President

Laura Hoos
Stacey B. Spain

Assistant Vice President
Assistant Vice President
and Assistant Secretary
Assistant Secretary

Bongiwe E. Zungu