

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 AM 11:12

DOCUMENT # P03405 (8)

1. Corporation Name

FINANCIAL SECURITY ASSURANCE OF OKLAHOMA, INC.

Principal Place of Business

350 PARK AVENUE
NEW YORK NY 10022

Mailing Address

350 PARK AVENUE
NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1984

3a. Date of Last Report

07/19/1994

4. FEI Number

75-6026532

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 (print or printed name of registered agent and the applicant)

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE

M

NAME

RIKER, R ANTHONY

STREET ADDRESS

350 PARK AVENUE

CITY, ST, ZIP

NEW YORK NY

TITLE

CFOD

NAME

HARRISON, JOHN A

STREET ADDRESS

350 PARK AVE.

CITY, ST, ZIP

NEW YORK NY

TITLE

V

NAME

ABLES, J. ANGELA

STREET ADDRESS

600 FIDELITY PLAZA

CITY, ST, ZIP

OKLAHOMA CITY OK

TITLE

MDC

NAME

JOSEPH, JEFFREY S

STREET ADDRESS

350 PARK AVENUE

CITY, ST, ZIP

NEW YORK NY

TITLE

PD

NAME

COCHRAN, ROBERT P.

STREET ADDRESS

350 PARK AVENUE

CITY, ST, ZIP

NEW YORK NY

TITLE

MD

NAME

STERN, BRUCE E.

STREET ADDRESS

350 PARK AVENUE

CITY, ST, ZIP

NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Anthony Riker

6/12/95

(212) 826-0100