

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839784

Entity Name: NATIONAL PUBLIC FINANCE GUARANTEE CORPORATION**Current Principal Place of Business:**1 MANHATTANVILLE ROAD
SUITE 301
PURCHASE, NY 10577**Current Mailing Address:**1 MANHATTANVILLE ROAD
SUITE 301
PURCHASE, NY 10577 US**FEI Number:** 37-6025608**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT, CHIEF EXECUTIVE
OFFICER AND DIRECTOR**Name** FALLON, WILLIAM C.**Address** 1 MANHATTANVILLE ROAD
SUITE 301**City-State-Zip:** PURCHASE NY 10577**Title** MANAGING DIRECTOR, CFO,
TREASURER AND DIRECTOR**Name** YOUNG, CHRISTOPHER H.**Address** 1 MANHATTANVILLE ROAD
SUITE 301**City-State-Zip:** PURCHASE NY 10577**Title** MANAGING DIRECTOR, GENERAL
COUNSEL, SECRETARY AND
DIRECTOR**Name** RIZZO, WILLIAM**Address** 1 MANHATTANVILLE ROAD
SUITE 301**City-State-Zip:** PURCHASE NY 10577**Title** MANAGING DIRECTOR, CHIEF RISK
OFFICER, ASSISTANT SECRETARY
AND DIRECTOR**Name** BERGONZI, ADAM T.**Address** 1 MANHATTANVILLE ROAD
SUITE 301**City-State-Zip:** PURCHASE NY 10577**Title** DIRECTOR**Name** SCHACHINGER, JOSEPH R.**Address** 1 MANHATTANVILLE ROAD
SUITE 301**City-State-Zip:** PURCHASE NY 10577**Title** DIRECTOR**Name** COONEY, BRIAN J.**Address** 1 MANHATTANVILLE ROAD
SUITE 301**City-State-Zip:** PURCHASE NY 10577**Title** DIRECTOR**Name** FERRARI, PATRICIA**Address** 1 MANHATTANVILLE ROAD
SUITE 301**City-State-Zip:** PURCHASE NY 10577

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM RIZZODIRECTOR, GENERAL
COUNSEL, SECRETARY
AND MANAGING
DIRECTOR

02/21/2023

