

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839784

Entity Name: NATIONAL PUBLIC FINANCE GUARANTEE CORPORATION**Current Principal Place of Business:**113 KING ST.
ARMONK, NY 10504**Current Mailing Address:**113 KING ST.
LEGAL DEPARTMENT, 2ND FLOOR
ARMONK, NY 10504**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, CEO
Name FALLON, WILLIAM C.
Address 113 KING STREET
City-State-Zip: ARMONK NY 10504Title CFO, TREASURER
Name YOUNG, CHRISTOPHER H.
Address 113 KING STREET
City-State-Zip: ARMONK NY 10504Title MD, GC AND SECRETARY
Name MCMANUS, DANIEL E. JR.
Address 113 KING STREET
City-State-Zip: ARMONK NY 10504Title MD
Name BLACKWELL, BRUCE E
Address 113 KING STREET
City-State-Zip: ARMONK NY 10504Title MD, ASSISTANT SECRETARY
Name SAUNDERS, GARY
Address 113 KING STREET
City-State-Zip: ARMONK NY 10504

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: DANIEL E. MCMANUS, JR.**SECRETARY****01/13/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date