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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 857908 (8)

1. Corporation Name

FINANCIAL SECURITY ASSURANCE INTERNATIONAL INC.



Principal Place of Business

Mailing Address

350 PARK AVENUE
NEW YORK NY 10022

350 PARK AVENUE
NEW YORK NY 10022

3. Date Incorporated or Qualified

09/28/1983

3a. Date of Last Report

06/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Same as above

25 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE FL 32301

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 typed or printed name of registered agent and block of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE MD ☐ DELETE

NAME STERN, BRUCE E
STREET ADDRESS 350 PARK AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE CFOD ☐ DELETE

NAME HARRISON, JOHN A
STREET ADDRESS 350 PARK AVE.
CITY-ST-ZIP NEW YORK NY

TITLE MDT ☐ DELETE

NAME LANGLEY, EDESEL C
STREET ADDRESS 350 PARK AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE DC ☐ DELETE

NAME JOSEPH, JEFFREY S
STREET ADDRESS 350 PARK AVE.
CITY-ST-ZIP NEW YORK NY

TITLE PD ☐ DELETE

NAME COCHRAN, ROBERT P.
STREET ADDRESS 350 PARK AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE M ☐ DELETE

NAME RIKER, R. ANTHONY
STREET ADDRESS 350 PARK AVENUE
CITY-ST-ZIP NEW YORK NY

1.1 TITLE

M/S/D

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

M/CFO/D

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

M/CONTROLLER

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

1/29/96

(212)826-0100

Date

Daytime Phone #

CR2E034 (12/95)