



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90090 032 ***150.00

DOCUMENT # P15430							
1. Entity Name ACA FINANCIAL GUARANTY CORPORATION							
Principal Place of Business 140 BROADWAY 47TH FLOOR NEW YORK, NY 10005			Mailing Address 140 BROADWAY 47TH FLOOR NEW YORK, NY 10005				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 52-1474358			
				Applied For <input type="checkbox"/> Not Applicable			
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P/C	<input checked="" type="checkbox"/> Delete	TITLE	PCED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SATZ, MICHAEL E		NAME	ALAN ROSEMAN			
STREET ADDRESS	140 BROADWAY		STREET ADDRESS	140 BROADWAY			
CITY-ST-ZIP	NEW YORK, NY 10005		CITY-ST-ZIP	New York, N.Y. 10005			
TITLE	GC	<input checked="" type="checkbox"/> Delete	TITLE	GC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	COOKE, STEPHEN		NAME	NORA Dahlman			
STREET ADDRESS	140 BROADWAY		STREET ADDRESS	140 Broadway			
CITY-ST-ZIP	NEW YORK, NY 10005		CITY-ST-ZIP	New York, NY 10005			
TITLE	V/T/	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GILPIN, EDWARD U		NAME				
STREET ADDRESS	140 BROADWAY		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10005		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOMLIJANOVIC, WILLIAM T		NAME				
STREET ADDRESS	140 BROADWAY		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10005		CITY-ST-ZIP				
TITLE	COO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MUESSEL, MARYAM		NAME				
STREET ADDRESS	140 BROADWAY		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10005		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	CAO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	LISA mumford			
STREET ADDRESS			STREET ADDRESS	140 Broadway			
CITY-ST-ZIP			CITY-ST-ZIP	New York, NY 10005			
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 the receiver 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: 			4/11/05 (212) 375-2099				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				