

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90090 038 \*\*\*158.75

**DOCUMENT # P15430**

1. Entity Name  
**ACA FINANCIAL GUARANTY CORPORATION**

Principal Place of Business ONE LIBERTY PLAZA 52ND FLOOR NEW YORK NY 10006	Mailing Address ONE LIBERTY PLAZA 52ND FLOOR NEW YORK NY 10006-1404
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2. Principal Place of Business <b>140 Broadway, 47<sup>th</sup> Floor</b>	3. Mailing Address <b>140 Broadway, 47<sup>th</sup> Floor</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>New York, NY</b>	City & State <b>New York, NY</b>
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Zip <b>10005</b>	Country	Zip <b>10005</b>	Country
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4. FEI Number <b>52-1474358</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FLORIDA INSURANCE COMMISSIONER  
 THE CAPITOL BUILDING  
 TALLAHASSEE FL 32301**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MDC FRASER, HAROLD R ONE LIBERTY PLAZA 52ND FLOOR NEW YORK NY 10006</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M/D/C/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MS FREED, MICHAEL A ONE LIBERTY PLAZA 52ND FLOOR NEW YORK NY 10006</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M/S CULLY, KATHLEEN G. 140 Broadway, 47<sup>th</sup> Floor New York, NY 10005</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MDT PARTRIDGE, CHARLES M ONE LIBERTY PLAZA 52ND FLOOR NEW YORK NY 10006</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T AURELIO, DIANE M. 140 Broadway, 47<sup>th</sup> Floor New York, NY 10005</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen G. Cully **4-24-00** 212-375-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)