

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN -5 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~PA~~000001492

1. Entity Name
Lehman Global Finance, Inc.

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------|--|---------|
| 2. Principal Place of Business 3 World Financial Center Suite, Apt. #, etc. | | 3. Mailing Address 101 Hudson Street Suite, Apt. #, etc. 39th Floor | |
| City & State New York, NY | | City & State Jersey City, NJ | |
| Zip 10285 | Country | Zip 07302 | Country |

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 13-4050056 | Applied For Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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|--|
| Name CORPORATION SERVICE COMPANY |
| Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street |
| City Tallahassee FL Zip Code 32301 |

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) <input type="checkbox"/> | <p>January 1 - May 1 Fee is: \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|---|

11. OFFICERS AND DIRECTORS

| | | | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Jonathan H. Spstein 3 World Financial Center New York, NY 10285 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200005895882-009 -06/21/02--01006--009 ***1300.00 ****150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Edward A. Lin 3 World Financial Center New York, NY 10285 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Jeffrey A. Welikson 3 World Financial Center New York, NY 10285 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT Barry J O'Brien 101 Hudson Street Jersey City, NJ 07302 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Ian T. Lowitt 3 World Financial Center New York, NY 10285 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JR 6/17 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Brenton D. Anderson 3 World Financial Center New York, NY 10285 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY JOBRIEN BARRY JOBRIEN 4-29-02 201-524-5822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034B (12/01)