

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 815286

Entity Name: LEUCADIA, INC.

FILED  
Feb 27, 2007  
Secretary of State

**Current Principal Place of Business:**

315 PARK AVENUE SOUTH  
20TH FLOOR  
NEW YORK, NY 10010 US

**New Principal Place of Business:**

**Current Mailing Address:**

315 PARK AVENUE SOUTH  
20TH FLOOR, ATTN: JUDY LEE  
NEW YORK, NY 10010 US

**New Mailing Address:**

FEI Number: 13-5425430      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: STEINBERG, JOSEPH S  
Address: 315 PARK AVENUE SOUTH  
City-St-Zip: NEW YORK, NY 10010 US

Title: S ( ) Delete  
Name: DIPIERRO, LAURA U  
Address: 315 PARK AVENUE SOUTH  
City-St-Zip: NEW YORK, NY 10010 US

Title: VTD ( ) Delete  
Name: MARA, THOMAS E  
Address: 315 PARK AVENUE SOUTH  
City-St-Zip: NEW YORK, NY 10010 US

Title: V ( ) Delete  
Name: ORLANDO, JOSEPH A  
Address: 315 PARK AVENUE SOUTH  
City-St-Zip: NEW YORK, NY 10010 US

Title: C/D ( ) Delete  
Name: CUMMING, IAN M  
Address: 315 PARK AVENUE SOUTH  
City-St-Zip: NEW YORK, NY 10010 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: ULBRANDT, LAURA E  
Address: 315 PARK AVENUE SOUTH  
City-St-Zip: NEW YORK, NY 10010 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V ( ) Change (X) Addition  
Name: CORINNE, MAKI  
Address: 529 EAST SOUTH TEMPLE  
City-St-Zip: SALT LAKE CITY, UT 84102

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAURA E. ULBRANDT

S

02/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date