


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90003 002 ***450.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 825157		
1. Corporation Name LEHMAN BROTHERS INC.		

Principal Place of Business 101 HUDSON STREET TAX DEPARTMENT, 39TH FLOOR JERSEY CITY NJ 07302	Mailing Address 101 HUDSON STREET TAX DEPARTMENT, 39TH FLOOR JERSEY CITY NJ 07302
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/18/1970	
4. FEI Number 13-2518466	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3 WORLD FINANCIAL CENTER Suite, Apt. #, etc. 22 City & State 23 NEW YORK, NY Zip 24 10285 Country 25 US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, BARRY J.	1.2 NAME	
STREET ADDRESS	101 HUDSON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ 07302	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRE, JENNIFER	2.2 NAME	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10285	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, MARC A	3.2 NAME	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10285	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, SHERMAN R JR	4.2 NAME	
STREET ADDRESS	WORLD FINANCIAL CENTER #3	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10285	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULD, RICHARD S JR	5.2 NAME	
STREET ADDRESS	WORLD FINANCIAL CENTER #3	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10285	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:  BARRY J. O'BRIEN VICE PRESIDENT 04/21/99 (201) 524-5822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)