2004 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT #854292** 1. Entity Name ICAHN & CO., INC. Principal Place of Business Mailing Address 1 WALL STREET COURT 1 WALL STREET COURT SUITE 980 SUITE 980 NEW YORK, NY 10005 NEW YORK, NY 10005 US 04142004 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY

FILED Apr 21, 2004 08:00 AM Secretary of State



 04142004
 No Chg-P
 CR2E034 (10/03)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

SIGNATURE: 1

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and site if applicable. (NOTE Registered Agent eignature required when renatating) DATE						
					<u> </u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	04/22/04-80010-017	150.00
10.	OFFICERS AND DIREC	TORS				·
HITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ICAHN, CARL CELIAN 15 W 53RD STREET NEW YORK, NY					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUONATO, RICHARD T. 419 HAWTHORNE STATEN ISLAND, NY		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZP	STD FREILICH, JOSEPH D. 2795 IRONGATE PLACE THOUSAND OAKS, CA 91362					
ISILE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
DILE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(1). 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 cath, 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.						