2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)				Jul 15, 2003 8:00 am	
1. Entity Nan	MENT # 85429 co., inc.	2		Secretary of State 07-15-2003 90024 009 ***150.00	AT
Principal Plac 1 WALL STRI SUITE 990 NEW YORK N US	•	Mailing Address 1 WALL STREET COURT SUITE 980 NEW YORK NY 10005 US			l
	Place of Business	3. Mailing Address		F (6019) (a) a dilli a(b) a milli a milli aran sich aran sich aran sich aran	11
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & Star	te	City & State		4. FEI Number 13-3115882 Applied For Not Applica	
Zip	Country	Zip	Country	5. Certificate of Status Desired. — \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	\dashv
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Street Addres	s (P.O. Box Number is Not Acceptable)	\dashv
TALLAHASSEE FL 32301			<u></u>		\dashv
			City	FL Zip Code	
	named entity submits this statement fo	r the purpose of changing its re	egistered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE)	Registered Agent signature requ	ired when reinstating) DATE	
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003, Fee will be \$750 k Payable to Florida Department of	.00		9. Election Campaign Financing \$5.00 May Br Trust Fund Contribution. Added to Fees	e
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	二二
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ICAHN, CARL CELIAN 15 W 53RD STREET NEW YORK NY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit	g 32E034 (4/03)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUONATO, RICHARD T. 419 HAWTHORNE STATEN ISLAND NY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit	ion S
TITLE NAME STREET ADDRESS CITY-S1-ZIP	STD FREILICH, JOSEPH D. 2795 IRONGATE PLACE THOUSAND OAKS CA 91362	∫ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit	ion
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit	ion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additi	on

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard T. Buonato

7/10/03

Daytime Phone # Date

ICAHN & CO., INC.#

Members of the NASD

July 10, 2003

FLORIDA DEPT. OF STATE

To Whom It May Concern:

Enclosed is a check for \$150.00 for our filing fee. We did not receive the first notice, therefore I am requesting that the late fee be waived.

Thank you for your cooperation.

Very truly yours,

Richard T. Buonato

Vice-President/Controller