ACCOUNT	NO	
ACCOUNT	INO.	•

072100000032

REFERENCE :

986615

5024449

COST LIMIT

\$ 70.00

ORDER DATE: February 1, 2001

ORDER TIME: 11:23 AM

ORDER NO. : 986615-005

CUSTOMER NO: 5024449

__200003631122--1

CUSTOMER: Ms. Eileen M. Bannon

Lehman Brothers

1 World Financial Center

27th Floor

New York, NY 10281

W-1-2574

FOREIGN FILINGS

NAME: LEHMAN RISK ADVISORS INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

__ PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON:

Jeanine Reynolds -- EXT# 1150

EXAMINER:

DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 2, 2001

CSC

ATTN: DENISE MICK

SUBJECT: LEHMAN RISK ADVISORS INC.

Ref. Number: W01000002574

We have received your document for LEHMAN RISK ADVISORS INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 301A00006577

RECEIVED

OI FEB - 5 AN 8: 51

OLIVISION OF CONPORATION
TALLAHASSEE, FLORIDA



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIAN REGISTER A F	CE WITH SECTION 607.1503, OREIGN CORPORATION TO	FLORIDA ST	TATUTES, T.	HE FOLLOWING	IS SUBMITTED :	TO
	SK ADVISORS INC.		:	· IIIL BIATE OF	Transfer S	
(Name of corp	poration; must include the word "Ineviations of like import in language or partnership if not so contained	e as will clearly	D", "COMPA	ANY", "CORPORAT	TION" OF CONSTRUCTION	ED 07
2. Delaware		3	13-	400 7808		2
(State or coun	atry under the law of which it is inc	orporated)	· · · ·	(FEI number, if a		
4. April 21,	and the same of th	5	perpetual			
	ate of incorporation)		(Duration:	Year corp. will cease	to exist or "perpetu	ial")
	PON QUALIFICATIO	<i>A</i>				
	sacted business in Florida. If corpo (SEE SECTIO	oration has not t ONS 607.1501,	607.1502 and	l 817.155, F.S.)	ert "upon qualificati	on.")
7. <u>3 World</u>	Financial Center, 27th	Floor, New	York, N	70285		
		ipal office addre			- Th 2	
	(Curre	nt mailing addre	ss)			
8	Reins values Brooks) of corporation authorized in ho	oken/A	GENT	<u> </u>	<u></u>	<u>. </u>
(Purpose	(s) of corporation authorized in ho	ome state or com	ntry to be car.	ried out in state of Fl	orida)	
9. Name and st	<u>reet address</u> of Florida regist	ered agent: ()	P.O. Box or	Mail Drop Box NO	OT acceptable)	
Name:	Corporation Service Co		<u> </u>			٠
Office Address:	1201 Hays Street	<u> </u>	<u> </u>	raine in i		, t t
	Tallahassee		7771 * 7	22201	-	
	(City)	AAA	, Florida	(Zip code)		
10 5				(21p code)		
Having been nat	agent's acceptance: med as registered agent and to	accept service	e of process	for the above state	ed corporation at	the place
juituel agree to	is application, I hereby accept comply with the provisions of familiar with and accept the o	all Statutes rel	ative to the	proper and comple	oto novformanco	apacity. I of my
		· · · · · · · · · · · · · · · · · · ·	ny position	us registereu ugen	t.	
	Corporation Sephice Com	gany	1			
	- Serre	8 of	eme	Us.		
-	(Registe	red agent's sign	ature)	Lynette Colem		
11. Attached is a	a certificate of existence duly an	Ithenticated =	ot more than	as its agent	rai!	4.
the Department o	of State, by the Secretary of Sta	te or other offi	cial having	custody of corpora	tenvery of this ap	pucation to urisdiction

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman: MICHAEL MAZZEI	;. <u>.</u> .
Address: 3 WOMID FINANCIAL CENTER	
New York New York 10285	••
DIRECTOR JOHN Wichol CON	
Address: 3 WONTD FINANCIAL CENTIEN	
New York New York 10285	• •
Director: Claudio Convaca ES 3 3	
Address: 3 NONID FINANCIAL CONTEN TO	
New Yeary New York 10250 The	•
Director: Michael MAZZET 5	_
Address: 3 WONID FINANCIAL CENTER	i.e
New York, New York 10285	
B. OFFICERS	
President: Mc ChAel MAZZET	-3
Address: 3 WONID FINANCIAL CENTER	
- New YORK New YORK 10785	-
Vice President: CCAUDIO CONNACT	
Address: _ 3 WOND PINAUK, AL CENTER	
New YORK New YORK 10785	
Secretary: TEFFREY WELINGON	
Address: 3 WORID FINANCIAL CENTER NOW YORK, NEWYORK 182	کھ
Treasurer: DAN T. COWITT	تعني
Address: 3 WUND FINANCIAL CENTER NEW YORK NEW YORK	
NOTE: 15	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	۶
14. Eileen M. Bannon, Assistant Secretary	
(Typed or printed name and capacity of person signing application)	_

State of Delaware Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEHMAN RISK ADVISORS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF FEBRUARY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.





Warriet Smith Windson, Secretary of State

AUTHENTICATION: 0949039

DATE: 02-01-01

2886525 8300

010052857