## **FOR PROFIT CORPORATION**

## FIFT

U	JNIFORM BUSIN	IESS REP	ORT (UBR)	i lanku tu		
DOCUMENT# F01000000663 V  1. Entity Name Lehman Risk Advisors, Inc.				02 MAY 14, AH 8: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	O2 MAY 14 AH 8: 35  SECRETARY OF STATE IALLAHASSEE, FLORIDA	
	DO NOT WRIT	E IN THE	S SPACE			
2. Principal Place of Business 3 World Financial Center		3. Mailing Address 101 Hudson Street				
Suite, Apt. #. etc.  Suite, Apt. #. etc.  Suite, Apt. #. etc.  39th. Floor				DO NOT WRITE IN THIS SPACE		
City & State New York, NY		City & State Jersey City, NJ		4. FEI Number 13-4007808	Applied For Not Applicable	
Zip Country 10285		Zip 07302	Country		¢0.75	
DO NOT WRITE IN THIS SPACE			Street Add	Name The Prentice-Hall Corporation System, Inc. Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
			City	Lahasse FL	Zip Code 32301	
Tax filing i	oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back)  OFFICERS AN	Af A Make Chec	iry 1 - May 1 Fee is \$150.00 ter:May 1, Fee is \$550.00 mended UBR is \$61.25 k Payable to Department of	10. Election Campaign Financing	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Micheal Mazzei 3 World Financial Ce New York, NY 10285		TITLE NAME STREET ADDRESS OTTY-ST-ZIE	600005574 -05/20/02	·2567 01046001 ****150.00	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	T Heidemaria Echtermann 3 World Financial Center New York, NY 10285		TITLE,  NAME  STREET ADDRESS:  GTY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jeffrey A. Welison 3 World Financial Center New York, NY 10285		TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP	DO NOT WRIT	E	
TITLE 4 NAME STREET ADDRESS CITY-ST-ZIP	AT Barry J O'Brien 101 Hudson Steet Jersey City, NJ 07302		TITLE  NAME  STREET ADDRESS  CITY-ST-7IP	IN THIS SPACE		
ME Kenneth C. Cohen REET ADDRESS 3 World Financial Center New York, NY 10285			TITLÉ NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			TITLE  NAME  STREET ADDRESS:			

13. 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 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 11 or on an

SIGNATURE:

4-9-02

201-52U-5822 Daytime Phone #