

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004208

FILED
Apr 13, 2011
Secretary of State

Entity Name: LEHMAN BROTHERS COMMODITY SERVICES INC.

Current Principal Place of Business:

1271 SIXTH AVENUE
NEW YORK, NY 10020

New Principal Place of Business:

1271 AVENUE OF THE AMERICAS
NEW YORK, NY 10020

Current Mailing Address:

101 HUDSON STREET
11TH FL, TAX DEPT.
JERSEY CITY, NJ 07302

New Mailing Address:

C/O LEHMAN BROTHERS HOLDINGS INC
101 HUDSON ST. 11TH FL. TAX DEPT.
JERSEY CITY, NJ 07302

FEI Number: 20-3364079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: MARSAL, BRYAN
Address: 1271 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10020

Title: PD
Name: SUCKOW, JOHN
Address: 1271 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10020

Title: V
Name: KLANG, LINDA
Address: 101 HUDSON STREET
City-St-Zip: JERSEY CITY, NJ 07302

Title: S
Name: HERSHAN, ROBERT
Address: 1271 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10020

Title: T
Name: COHN, STEVE
Address: 1271 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10020

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA A. KLANG

SVP

04/13/2011

Electronic Signature of Signing Officer or Director

_____ Date