


SECURITY FEE: \$500.00. FEE WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1998.
 AMOUNT DUE TO REINSTATE: \$750.00. FEE WILL BE DISSOLVED. MINIMUM AMOUNT DUE TO REINSTATE: \$750.

FILED
Jun 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000002181 (5)
 Corporation Name
LEHMAN BROTHERS HOLDINGS, INC.

Principal Place of Business
**THREE WORLD FINANCIAL CTR
 NEW YORK NY 10285**

Mailing Address
**101 HUDSON STREET
 39TH FLOOR
 JERSEY CITY NJ 07302**



21. Principal Place of Business
 22. Suite, Apt. #, etc.
 23. City & State
 24. Zip
 25. Country

26. Mailing Address
 27. Suite, Apt. #, etc.
 28. City & State
 29. Zip
 30. Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/27/1994**
 3a. Date of Last Report: **11/27/1997**

4. FEI Number: **13-3216325**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEM
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULD, RICHARD S JR.	1.2 NAME	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10285	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTIT, CHRISTOPHER T	2.2 NAME	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10285	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROTELL, ALFRED	3.2 NAME	
STREET ADDRESS	101 HUDSON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ 07302	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILVERSTED, MICHAEL R	4.2 NAME	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10285	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANSON, KAREN C	5.2 NAME	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10285	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, BARRY J	6.2 NAME	
STREET ADDRESS	101 HUDSON STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ 07302	6.4 CITY-ST-ZIP	

*Secretary Jennifer Marie
 3 World Financial Center
 New York, NY 10285*

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*****500.00**

6/23

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Barrus **ASSISTANT TREASURER** *6/23/98*