

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90003 002 ***450.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

PROFIT
CORPORATION
ANNUAL REPORT
1999

DOCUMENT # F94000002181

1. Corporation Name

LEHMAN BROTHERS HOLDINGS, INC.

Principal Place of Business

Mailing Address

THREE WORLD FINANCIAL CTR
NEW YORK NY 10285

101 HUDSON STREET
39TH FLOOR
JERSEY CITY NJ 07302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1994

4. FEI Number

13-3216325

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(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
NAME	FULD, RICHARD S JR.	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARRE, JENNIFER	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GROTELL, ALFRED	
STREET ADDRESS	101 HUDSON STREET	
CITY-ST-ZIP	JERSEY CITY NJ 07302	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MILVERSTED, MICHAEL R	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MANSON, KAREN C	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	O'BRIEN, BARRY J	
STREET ADDRESS	101 HUDSON STREET	
CITY-ST-ZIP	JERSEY CITY NJ 07302	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ELIOT M. FRIED	
3.3 STREET ADDRESS	3 WORLD FINANCIAL CENTER	
3.4 CITY-ST-ZIP	NEW YORK, NY 10285	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DANIEL O. MINERVA	
4.3 STREET ADDRESS	3 WORLD FINANCIAL CENTER	
4.4 CITY-ST-ZIP	NEW YORK, NY 10285	
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSISTANT
TREASURER

04/21/99 (201) 524-5822
Date Daytime Phone #

CR2E034 (11/98)