

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** F98000002181  
 1. Entity Name  
 LEHMAN BROTHER HOLDINGS INC.

**FILED**  
 04 JUN - 1 PM - B: 10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 745 Seventh Ave  
 Suite, Apt. #, etc.

3. Mailing Address  
 70 Hudson Street  
 Suite, Apt. #, etc.

**DO NOT WRITE IN THIS SPACE**

City & State  
 New York, NY

City & State  
 Jersey City, NJ

4. FEI Number  
 13-3216325

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
 THE PRENTICE-HALL CORP SYSTEM INC.  
 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street  
 City  
 Tallahassee **FL** Zip Code  
 32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

500037673865  
 06/04/04--01061--001 \*\*2000.00

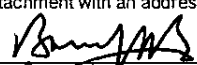
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RICHARD S. FULD JR. 745 7th Ave New York, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MICHAEL MAZZEI 745 7TH AVE NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JEFFREY A. WELIKSON 745 7th Ave. New York, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T IAN T. LOWITT 745 7TH AVE. NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT BARRY J. O'BRIEN 70 HUDSON ST JERSEY CITY, NJ 07302	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(6), Florida Statutes, and 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 and 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 does not appear in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  BARRY J. O'BRIEN 4/26/04 201-499-6664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)