

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT





FILED

05 MAY -2 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04182005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F94000002181</b> 1. Entity Name <b>LEHMAN BROTHERS HOLDINGS, INC.</b>					
Principal Place of Business <b>745 7TH AVE NEW YORK, NY 10019</b>			Mailing Address <b>70 HUDSON STREET JERSEY CITY, NJ 07302</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>13-3216325</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THE PRENTICE HALL CORPORATION SYSTEM 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>FULD, RICHARD S JR. 745 7TH AVE NEW YORK, NY 10019</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <b>Joseph M. Gregory 745 7th Ave. New York, NY 10019</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>WELIKSON, JEFFREY A 745 7TH AVE NEW YORK, NY 10019</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700054233587 05/10/05--01100--001 **\$200.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>AZZEI, MICHAEL A 745 7TH AVE NEW YORK, NY 10019</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Karen C. Manson 745 7th Ave. New York, NY 10019</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>LOWITT, IAN T 745 7TH AVE NEW YORK, NY 10019</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT <b>O'BRIEN, BARRY J 70 HUDSON ST JERSEY CITY, NJ 07302</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		<b>Barry J. O'Brien</b>		Date: <b>04/19/05</b> (201) 499-6664	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	