

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90787 001 *6,061.25

DOCUMENT # F94000002181

1. Entity Name
LEHMAN BROTHERS HOLDINGS, INC.



Principal Place of Business
**745 7TH AVE
NEW YORK, NY 10019**

Mailing Address
**70 HUDSON STREET
JERSEY CITY, NJ 07302**

66013454



04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3216325	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GREGORY, JOSEPH M
STREET ADDRESS	745 7TH AVE
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	S
NAME	WELIKSON, JEFFREY A
STREET ADDRESS	745 7TH AVE
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	V
NAME	MANSON, KAREN C
STREET ADDRESS	745 7TH AVE
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	T
NAME	LOWITT, IAN T
STREET ADDRESS	745 7TH AVE
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	AT
NAME	O'BRIEN, BARRY J
STREET ADDRESS	70 HUDSON ST
CITY-ST-ZIP	JERSEY CITY, NJ 07302
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04110106 201 499 6899
Date Daytime Phone #