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

DOCUMENT # F9**4**000002181 1, Entity Name

LEHMAN BROTHERS HOLDINGS, INC.



FILED

03 MAY -5 PH 3: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business		3. Mailing Address		
745 7th Ave		101 HUDSON STREET		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
	•	39TH. FLO	OR	
City & State		City & State		
NEW YORK, NY		JERSEY CITY, NJ		
Zip	Country	Zip	Country	

DO NOT WRITE IN THIS SPACE

Applied For 13~3216325 Not Applicable

5. Certificate of Status Desired 7. Name and Address of Current Registered Agent

\$8.75 Additional Fee Required -

DO NOT WRITE IN THIS SPACE

THE PRENTICE-HALL CORPORATION SYSTEM,

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

4. FEI Number

1201 HAYS STREET

City TALLAHASSE

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

10019

Signature, typed or printed name of registered agent and title if applicable. January 1 - May 1 Fee is \$150.00

(NOTE: Registered Agent signatura required when reinstating)

After May 1, Fee is \$550.00 Amended UBR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD rICHARD S. FULD JR. 745 7TH AVE NEW YORK, N.Y. 10017	TITLE NAME STREET ADDRESS COTY-ST-ZIP	500018017496 05/05/0301096009 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MICHAEL MAZZEI 745 7 TH AVE NEW YORK, N.Y. 10019	TITLE NAME STREET ADDRESS CITY ST - ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JEFFREY A. WELIKSON 745 7TH AVE NEW YORK, N.Y. 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IAN T. LOWITT 745 7TH AVE NEW YORK, N.Y. 10019	TITLE NAME STREET ADDRESS & CITY-ST_ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THEODORE P. JANULIS 745 7TH AVE NEW YORK, N.Y. 10019	NAME STREET ADDRESS CITY ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BARRY J.OBRIEN 101 HUDSON STREET JERSEY CITY, N.J. 07302	TITLE* NAME STREET ADDRESS CITY-ST-ZIP	

12. Thereby 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 superioristic and accurate and that my signature shall have the same legal effect as it 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY J. O'BRIEN

04/28/2003

201-524-5430

Daytime Phone #

CR2E034B (12/02)