

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90114 001 ***750.00

0573461

DOCUMENT # F98000001309

1. Entity Name
LEHMAN ALI INC.

| | |
|--|---|
| Principal Place of Business 3 WORLD FINANCIAL CTR NEW YORK NY 10285 US | Mailing Address 101 HUDSON STREET JERSEY CITY NJ 07302 US |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 13-3695935 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|-----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | FL | |

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.

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

| | | | |
|--|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|------------------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LEONARD, NEAL B | | | NAME | | | |
| STREET ADDRESS | 3 WORLD FINANCIAL CTR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW YORK NY 10285 | | | CITY-ST-ZIP | | | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MANSON, KAREN C | | | NAME | | | |
| STREET ADDRESS | 3 WORLD FINANCIAL CTR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW YORK NY 10285 | | | CITY-ST-ZIP | | | |
| TITLE | S | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MARRE, JENNIFER | | | NAME | | | |
| STREET ADDRESS | 3 WORLD FINANCIAL CTR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW YORK NY 10285 | | | CITY-ST-ZIP | | | |
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MINERVA, DANIEL | | | NAME | | | |
| STREET ADDRESS | 3 WORLD FINANCIAL CTR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW YORK NY 10285 | | | CITY-ST-ZIP | | | |
| TITLE | DV | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WALSH, MARK A | | | NAME | | | |
| STREET ADDRESS | 3 WORLD FINANCIAL CTR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW YORK NY 10285 | | | CITY-ST-ZIP | | | |
| TITLE | AT | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | O'BRIEN, BARRY J | | | NAME | | | |
| STREET ADDRESS | 101 HUDSON STREET | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | JERSEY CITY NJ 07302 | | | CITY-ST-ZIP | | | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barry J. O'Brien* **Barry J. O'Brien** *Assistant Treasurer* **4-27-01** **(20) 524-5822**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/00)