

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
04 JUN -1 PM 3:10
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F980000001309
1. Entity Name LEHMAN ALI INC.

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.
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City & State New York, NY	City & State Jersey City, NJ
Zip 10019	Zip 07302

DO NOT WRITE IN THIS SPACE	
4. FEI Number 13-3695935	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name CORPORATION SERVICES COMPANY	
Street Address (P.O. Box Number is Not Acceptable)	
1201 Hays Street	
City Tallahassee	Zip Code FL 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.	400037673874 06/04/04--01061--001 **2000.00
SIGNATURE 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE P	NAME MARK A. WALSH	TITLE	NAME
STREET ADDRESS 745 7th Ave	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP New York, NY 10019	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE V	NAME KAREN C. MANSON	TITLE	NAME
STREET ADDRESS 745 7TH AVE	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP NEW YORK, NY 10019	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE S	NAME JEFFREY A. WELIKSON	TITLE	NAME
STREET ADDRESS 745 7th Ave.	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP New York, NY 10019	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE T	NAME IAN T. LOWITT	TITLE	NAME
STREET ADDRESS 745 7TH AVE.	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP NEW YORK, NY 10019	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE AT	NAME BARRY J. O'BRIEN	TITLE	NAME
STREET ADDRESS 70 HUDSON ST	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP JERSEY CITY, NJ 07302	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	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)(c) 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 by the person 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 or the name of the person who executed this report appears 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 #

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