2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000001309

1. Entity Name LEHMAN ALI INC.

Principal Place of Business



Mailing Address

745 7TH AVE NEW YORK, NY 10019 US

DO NOT WRITE IN THIS SPACE

70 HUDSON STREET JERSEY CITY, NJ 07302 US FILED

05 MAY -2 PH 1:35

SECNET: TALLAHASSEE, FLORIDA



04182005

No Chg-P

CR2E034 (10/03)

4. FEI Number 13-3695935 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
PILE NUM!!! PEE 13 3130.00		Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALSH, MARK A 745 7TH AVE NEW YORK, NY 10019		100054554554		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANSON, KAREN C 745 7TH AVE NEW YORK, NY 10019		05/10/05011		00054234381 0/0501100001 **5200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WELIKSON, JEFFREY A 745 7TH AVE NEW YORK, NY 10019		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOWITT, IAN REY T 745 7TH AVE NEW YORK, NY 10019				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT O'BRIEN, BARRY J 70 HUDSON ST JERSEY CITY, NJ 07302		:		
TITLE					

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:

STREET ADORESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry J. O'Brien

04/19/05 (201) 499-6664

Daytime Phone #