

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14961

FILED
Apr 27, 2012
Secretary of State

Entity Name: ICAHN ENTERPRISES G.P. INC.

Current Principal Place of Business:

445 HAMILTON AVE.
1210
WHITE PLAINS, NY 106011833 US

New Principal Place of Business:

Current Mailing Address:

445 HAMILTON AVE.
1210
WHITE PLAINS, NY 106011833 US

New Mailing Address:

FEI Number: 13-3413965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CFO
Name: CHO, SUNG HWAN
Address: 767 5TH AVENUE, SUITE #4700
City-St-Zip: NEW YORK, NY 10153

Title: P
Name: NINIVAGGI, DANIEL
Address: 767 5TH AVENUE, SUITE #4700
City-St-Zip: NEW YORK, NY 10153

Title: VP
Name: PETTIT, CRAIG
Address: 9017 S. PECOS RD. SUITE 4350
City-St-Zip: HENDERSON, NV 89074

Title: C
Name: ICAHN, CARL C
Address: 767 5TH AVENUE SUITE #4700
City-St-Zip: NEW YORK, NY 10153

Title: D
Name: WASSERMAN, JACK G
Address: 767 5TH AVENUE, SUITE #4700
City-St-Zip: NEW YORK, NY 10153

Title: D
Name: LEIDESDORF, WILLIAM A
Address: 767 5TH AVENUE, SUITE #4700
City-St-Zip: NEW YORK, NY 10153

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG PETTIT

VP

04/27/2012

Electronic Signature of Signing Officer or Director

Date