



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00*

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 91433		2. Name of Corporation LEHMAN BROTHERS HOLDINGS INC.			
3. Street Address Principal Business Office 745 SEVENTH AVE.			City NEW YORK	State NY	Zip 10019
4. Business Phone No. 201-499-5000		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS A HOLDING COMPANY					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSEPH M. GREGORY			Vice President Name KAREN C. MANSON		
Street Address 745 SEVENTH AVE.			Street Address 745 SEVENTH AVE.		
City NEW YORK	State NY	Zip 10019	City NEW YORK	State NY	Zip 10019
Secretary Name JEFFERY A. WELIKSON			Treasurer Name BARRY J. O'BRIEN		
Street Address 745 SEVENTH AVE.			Street Address 70 HUDSON STREET		
City NEW YORK	State NY	Zip 10019	City JERSEY CITY	State NJ	Zip 07302
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MARSHA JOHNSON EVANS			Director Name SIR CHRISTOPHER C. GENT		
Street Address 745 SEVENTH AVE.			Street Address 745 SEVENTH AVE.		
City NEW YORK	State NY	Zip 10019	City NEW YORK	State NY	Zip 10019
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300,000,000	COMMON	\$.10 PAR VALUE	255,510,055.0000	COMMON	\$.10
38,000,000	PREFERRED	\$1.00 PAR VALUE	0	PREFERRED	\$1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date 9/19/07
Check No. 20 6195
By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Barry J. O'Brien
Signature _____ Date _____
BARRY J. O'BRIEN
Print or Type Name
VICE-PRESIDENT
Title