2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 854292

1. Entity Name
ICAHN & CO., INC.

Principal Place of Business	Mailing Address
1 WALL STREET COURT SUITE 980 NEW YORK, NY 10005 US	1 WALL STREET COURT SUITE 980 NEW YORK, NY 10005 US

04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3115882
☐ 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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000123582
04/22/04-80010-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ICAHN, CARL CELIAN
STREET ADDRESS	15 W 53RD STREET
CITY-ST-ZIP	NEW YORK, NY
TITLE	V
NAME	BUONATO, RICHARD T.
STREET ADDRESS	419 HAWTHORNE
CITY-ST-ZIP	STATEN ISLAND, NY
TITLE	STD
NAME	FREILICH, JOSEPH D.
STREET ADDRESS	2795 IRONGATE PLACE
CITY-ST-ZIP	THOUSAND OAKS, CA 91362
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Richard T. Buonato RICHARD T. BUONATO 4/14/04 (212) 6355534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #