FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **854292** **(0)**

1. Corporation Name

ICAHN & CO., INC.

Principal Place of Business	Mailing Address
100 S BEDFORD RD MT KISCO NY 10549 US	1 WALL STREET COURT SUITE 980 NEW YORK NY 10005 US

2. Principal Place of Business 21 1 Wall Street Court	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite 980	Suite, Apt. #, etc. 27
City & State 23 New York New York	City & State 28
Zip / Country 24 10005 25 US	Zip / Country 29 30

3. Date Incorporated or Qualified 10/06/1982	3a. Date of Last Report 01/27/1995
4. FEI Number 13-3115882	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when submitting)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	ICAHN, CARL CELIAN		12 NAME		
STREET ADDRESS	LONG MEADOW ROAD		13 STREET ADDRESS	15 W. 53rd Street	
CITY-ST-ZIP	BEDFORD NY		14 CITY-ST-ZIP	New York, NY 10019	
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BUONATO, RICHARD T.		22 NAME		
STREET ADDRESS	419 HAWTHORNE		23 STREET ADDRESS		
CITY-ST-ZIP	STATEN ISLAND NY		24 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	FREILICH, JOSEPH D.		32 NAME		
STREET ADDRESS	20 MIDSUMMER DRIVE		33 STREET ADDRESS	1 Chatham Square	
CITY-ST-ZIP	OLD BRIDGE NJ		34 CITY-ST-ZIP	Parlin, NJ 08859	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Richard T. Buonato Richard T. Buonato 1/18/96 (212)635-5574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #