

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90137 001 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 854292

1. Entity Name
Icahn & Co., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
One Wall St. Court--Ste. 900

3. Mailing Address
SAME

Suite, Apt. #, etc.
Suite 980

Suite, Apt. #, etc.

City & State
New York New York

City & State

Zip
10005

Country
USA

Zip

Country

4. FE Number
13-3115882

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and (if not applicable)

(Typed, Registered Agent's name as required when not applicable)

Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President -Director
Carl C. Icahn
15 W. 53rd Street
New York, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President
Richard T. Buonato
419 Hawthorne Avenue
Staten Island, NY 10314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary-Treasurer-Director
Joseph D. Freilich
2795 Irongate Place
Thousand Oaks, CA 91362

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE: *Richard T. Buonato*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard T. Buonato

1-25-02 (212)635-5574

Date

Printed Name

CR2E034B (12/01)