FILED May 14, 2002 8:00 am § Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 854642 1. Entity Name 05-14-2002 90116 001 ***300.00 IBM CREDIT CORPORATION Principal Place of Business Mailing Address NORTH CASTLE DRIVE NORTH CASTLE DRIVE MAILDROP NC-320 MAILDROP NC-320 ARMONK NY 10504-1785 ARMONK NY 10504-1785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 22-2351962 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01 Delete TITLE ☐ Addition NAME LANE, JOSEPH C NAME STREET ADDRESS NORTH CAST DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARMONK NY 10504 ☐ Addition TITLE ☐ Delete TITLE ☐ Change **VPD** NAME NAME SUMMA, PAULA L STREET ADDRESS STREET ADDRESS NORTH CASTLE DR. CITY-ST-ZIP CITY-ST-ZIP armonk ny 10504 ☐ Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME WOODS, ROBERT F STREET ADDRESS STREET ADDRESS **NEW ORCHARD ROAD** CITY-ST-ZIP CITY-ST-ZIP <u>ARMONK NY 10604</u> TITLE ☐ Delete TITLE x Change ☐ Addition Treasurer NAME Daniel M. Zuchelli NAME SRIVASTAVA, GAUTAM North Castle Drive STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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NAME

NORTH CASTLE DR.

ARMONK NY 10504

SHAY, JOHN J JR

NORTH CASTLE DR.

ARMONK NY 10504

NORTH CASTLE DR.

ARMONK NY 10504

BARBRACK, JOANNE H

AS

☐ Delete

☐ Delete

John J. Shay, Jrr

Armonk, NY 10504

4/22/02

914-765-1900

Date

Daytime Phone #

☐ Change

☐ Addition

☐ Addition