

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90012 009 \*\*\*150.00

**DOCUMENT # F05000001366**

1. Entity Name  
**LENOVO (UNITED STATES) INC.**



Principal Place of Business  
**3039 CORNWALLIS ROAD  
PO BOX 13915; BLDG 656, BOX 29  
RESEARCH TRIANGLE PARK, NC 27709**

Mailing Address  
**3039 CORNWALLIS ROAD  
PO BOX 13915; BLDG 656, BOX 29  
RESEARCH TRIANGLE PARK, NC 27709**



2. Principal Place of Business - No P.O. Box #

**1009 Think Place**

Suite, Apt. #, etc.

**Bldg 500, Box 29**

City & State

**Morrisville, NC**

Zip

**27560**

Country

**Wake**

3. Mailing Address

**1009 Think Place**

Suite, Apt. #, etc.

**Bldg 500, Box 29**

City & State

**Morrisville, NC**

Zip

**27560**

Country

**Wake**

03132007 Chg-P CR2E034 (12/06)

4. FEI Number

**52-2449153**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
O'SULLIVAN, FRANCES  
3039 CORNWALLIS ROAD  
RESEARCH TRIANGLE PARK, NC 27709** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TREA  
CONES, ROBERT  
3039 CORNWALLIS ROAD  
RESEARCH TRIANGLE PARK, NC 27709** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECR  
THERET, JOSEPH  
3039 CORNWALLIS ROAD  
RESEARCH TRIANGLE PARK, NC 27709** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIR  
SMITH, SCOTT  
3039 CORNWALLIS ROAD  
RESEARCH TRIANGLE PARK, NC 27709** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIR  
CONES, ROBERT  
3039 CORNWALLIS ROAD  
RESEARCH TRIANGLE PARK, NC 27709** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIR  
THERET, JOSEPH  
3039 CORNWALLIS ROAD  
RESEARCH TRIANGLE PARK, NC 27709** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1009 Think Place, Bldg 500, Box 29  
Morrisville, NC 27560** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1009 Think Place, Bldg 500, Box 29  
Morrisville, NC 27560** ☐ Change ☐ Addition

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CITY-ST-ZIP  
**1009 Think Place, Bldg 500, Box 29  
Morrisville, NC 27560** ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

**Brian Tesink** (Signature) **8/01/07**

Date

Daytime Phone #

**919-254-2449**


Brian Tesink, Manager-115 State & Local Taxes

ATTACHMENT

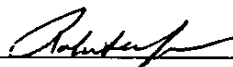
40040068  
#F05000001366

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That I, Robert W. Cones, Treasurer with offices at 3039 Cornwallis Road, PO Box 13915, Research Triangle Park, NC 27709, have made, constituted and appointed, and by THESE PRESENTS do make, constitute and appoint Brian Jesinkey, State and Local Tax Manager, my true and lawful attorney for me in compilations of information connected there with respect to any business operation transactions relating to Income, Franchise, Sales, Use, Gross Receipt Taxes, Business License and Personal Property Taxes of Lenovo (United States), Inc., which are required by any governmental agency, department or instrumentality or which my said attorney shall think to be desirable or necessary for any purpose, and to make any payments with respect thereto, hereby giving and granting unto my said attorney full power and authority to do and perform all and every act or thing whatsoever requisite and necessary with respect to the above as I might or could do if personally present, hereby ratifying and confirming all that my said attorney, shall lawfully do or cause to be done by virtue thereof.

IN WITNESS THEREOF, I hereunto set my hand and seal the 2 day of JUNE, in the year of Two Thousand ~~Four~~ FIVE 

In presence of:

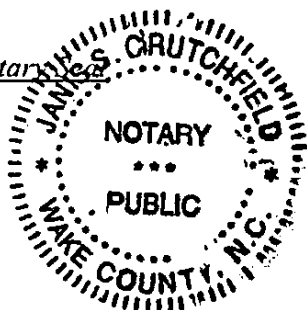
  
Robert W. Cones  
Treasurer  
Lenovo (United States), Inc.

State of

County of

On this 2 day of JUNE, Two Thousand Five, before me, the subscriber, personally appeared Robert W. Cones, to me personally known, and known to me to be the same person described in and who executed the foregoing Power of Attorney, and he acknowledged to me that he executed the same.

Notary



  
Notary Public

My Commission Expires: 2/26/2007