

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90008 048 ***150.00

DOCUMENT # F06000007649

1. Entity Name
IBM LENDER BUSINESS PROCESS SERVICES, INC.



Principal Place of Business
**8501 IBM DR
CHARLOTTE, NC 28262**

Mailing Address
**8501 IBM DR
CHARLOTTE, NC 28262**

40127447



07192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
8501 IBM Drive

3. Mailing Address
8501 IBM Drive

Suite, Apt. #, etc.
Bldg 201 #2DD188

Suite, Apt. #, etc.
Bldg 201 #2DD188

City & State
Charlotte NC

City & State
Charlotte NC

Zip
28262

Country
USA

Zip
28262

Country
USA

4. FEI Number
20-5951227

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ASSUR, AFZAL
STREET ADDRESS 294 ROUTE 100
CITY-ST-ZIP SOMERS, NY 10589

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8501 IBM DR Bldg 201 #2DD188**
CITY-ST-ZIP **Charlotte NC 28262**

TITLE VPD ☐ Delete
NAME SULLINS, GREGORY A
STREET ADDRESS 8501 IBM DR
CITY-ST-ZIP CHARLOTTE, NC 28262

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8501 IBM DR Bldg 201 #2DD188**
CITY-ST-ZIP **Charlotte NC 28262**

TITLE SD ☐ Delete
NAME MCCHESENEY, WILLIAM J
STREET ADDRESS 1551 S WASHINGTON AVE
CITY-ST-ZIP PISCATAWAY, NJ 08854

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8501 IBM DR Bldg 201 #2DD188**
CITY-ST-ZIP **Charlotte NC 28262**

TITLE T ☐ Delete
NAME BAILEY, GERALD L
STREET ADDRESS 321 GRAND AVE
CITY-ST-ZIP FALMOUTH, MA 02540

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8501 IBM DR. Bldg 201 #2DD188**
CITY-ST-ZIP **Charlotte NC 28262**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/24/2007 914-766-2390