

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000000032

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** IBM CREDIT LLC

**Current Principal Place of Business:**

NORTH CASTLE DRIVE  
ARMONK, NY 10504 US

**New Principal Place of Business:**

**Current Mailing Address:**

NORTH CASTLE DRIVE  
ARMONK, NY 10504 US

**New Mailing Address:**

**FEI Number:** 22-2351962

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ZAPFEL, ROBERT  
**Address:** NORTH CASTLE DRIVE ARMONK NY 10504 US  
**City-St-Zip:** ARMONK, NY 10504 US

**Title:** MGR  
**Name:** WILSON, ADAM  
**Address:** 4111 NORTHSIDE PKWY  
**City-St-Zip:** ATLANTA, GA 30327 US

**Title:** MGR  
**Name:** SCHOLNICK, LISA  
**Address:** NORTH CASTLE DRIVE ARMONK NY 10504  
**City-St-Zip:** ARMONK, NY 10504 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** LISA SCHOLNICK

MGR

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date