FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04659** **(9)**

1. Corporation Name

IBM CREDIT LEASING CORPORATION

Principal Place of Business	Mailing Address
C/O TAX DEPT., MS #9A MS #780 STAMFORD CT 06902-2399 US	C/O TAX DEPT., MS #9A MS#780 STAMFORD CT 06902-2399 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1985
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 290 Harbor Drive
Suite, Apt. #, etc.
22:
City & State
23:
Zip
24:
Country
25:

2a. Mailing Address
26: TAX DEPT., OLD ORCHARD RD.
Suite, Apt. #, etc.
27: MS 234
City & State
28: ARMONK, NY
Zip
29: 10504
Country
30: WESTCHESTER

4. FEI Number: 22-2511075 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.023, Florida Statutes* ☒ Yes ☐ No PAID BY IBM CREDIT CORP.

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and the date of signature (NOTE: Registered Agent signature required when new agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT	☒ Change ☒ Addition
NAME	GROSZ, M. K.	12 NAME	ALLISON R. SCHLEICHER	
STREET ADDRESS	290 HARBOR DRIVE	13 STREET ADDRESS	290 HARBOR DRIVE	
CITY-ST-ZIP	STAMFORD CT	14 CITY-ST-ZIP	STAMFORD, CT 06902	
TITLE	AS	21 TITLE	ASSISTANT SECRETARY	☒ Change ☒ Addition
NAME	COX, EARLENE H	22 NAME	JEANNE P. GOULET	
STREET ADDRESS	290 HARBOR DR	23 STREET ADDRESS	290 HARBOR DRIVE	
CITY-ST-ZIP	STAMFORD CT	24 CITY-ST-ZIP	STAMFORD, CT 06902	
TITLE	DVPT	31 TITLE	DIRECTOR, VP AND TREASURE	☒ Change ☒ Addition
NAME	ANDERSEN, J. E.	32 NAME	NANCY E. COOPER	
STREET ADDRESS	290 HARBOR DRIVE	33 STREET ADDRESS	290 HARBOR DRIVE	
CITY-ST-ZIP	STAMFORD CT	34 CITY-ST-ZIP	STAMFORD, CT 06902	
TITLE	DC	41 TITLE	DIRECTOR AND CONTROLLER	☒ Change ☒ Addition
NAME	OBETZ, R. J.	42 NAME	GUY D. DESANCTIS	
STREET ADDRESS	290 HARBOR DRIVE	43 STREET ADDRESS	290 HARBOR DRIVE	
CITY-ST-ZIP	STAMFORD CT	44 CITY-ST-ZIP	STAMFORD, CT 06902	
TITLE	VPSC	51 TITLE	DIRECTOR, VP AND G. COUNSEL	☐ Change ☒ Addition
NAME	SHAY, J. J., JR.	52 NAME		
STREET ADDRESS	290 HARBOR DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT	54 CITY-ST-ZIP		
TITLE		61 TITLE	SECRETARY	☒ Change ☒ Addition
NAME		62 NAME	JOANNE H. BARBRACK	
STREET ADDRESS		63 STREET ADDRESS	290 HARBOR DRIVE	
CITY-ST-ZIP		64 CITY-ST-ZIP	STAMFORD, CT 06902	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: J.P. GOULET, ASST. SECRETARY 4/21/95 (914) 765-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0303955 FP