


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P04659** (9)
1. Corporation Name
IBM CREDIT LEASING CORPORATION

Principal Place of Business 1133 WESTCHESTER AVE. MAIL DROP 317 WHITE PLAINS NY 10604 US	Mailing Address 1133 WESTCHESTER AVE. MAIL DROP 317 WHITE PLAINS NY 10604 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/15/1985	
21		26		4. FEI Number 22-2511075 ✓	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

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
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLAGHER, KEVIN	1.2 NAME	TLOOMEY, M. J.
STREET ADDRESS	1133 WESTCHESTER AVENUE	1.3 STREET ADDRESS	1133 WESTCHESTER AVENUE
CITY - ST - ZIP	WHITE PLAINS NY	1.4 CITY - ST - ZIP	WHITE PLAINS, NY 10604
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACK, TERENCE R.	2.2 NAME	STACK, TERENCE R.
STREET ADDRESS	1133 WESTCHESTER AVENUE	2.3 STREET ADDRESS	NEW ORCHARD ROAD
CITY - ST - ZIP	WHITE PLAINS NY	2.4 CITY - ST - ZIP	ARMONK, NY 10504
TITLE	DVFT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISPERT, KIMBERLY A	3.2 NAME	
STREET ADDRESS	1133 WESTCHESTER AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WHITE PLAINS NY 10604	3.4 CITY - ST - ZIP	
TITLE	DVGC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAY, JR., JOHN J	4.2 NAME	
STREET ADDRESS	1133 WESTCHESTER AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WHITE PLAINS NY 10604	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBRACK, JOANNE H	5.2 NAME	
STREET ADDRESS	1133 WESTCHESTER AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WHITE PLAINS NY 10604	5.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULET, JEANNE P	6.2 NAME	
STREET ADDRESS	1133 WESTCHESTER AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	WHITE PLAINS NY 10604	6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

01/06/98

(914)642-4800

CR2E034 (10/97)