

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90009 029 \*\*\*450.00

DOCUMENT # P04659

1. Corporation Name

IBM CREDIT LEASING CORPORATION

Principal Place of Business

NORTH CASTLE DRIVE  
MAILDROP NC-320  
ARMONK NY 10504-1785  
US

Mailing Address

NORTH CASTLE DRIVE  
MAILDROP NC-320  
ARMONK NY 10504-1785  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1985

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
GALLAGHER, KEVIN  
STREET ADDRESS 1133 WESTCHESTER AVENUE  
CITY-STATE-ZIP WHITE PLAINS NY

TITLE ☐ DELETE

NAME D  
STACK, TERENCE R.  
STREET ADDRESS NEW ORCHARD ROAD  
CITY-STATE-ZIP ARMONK NY 10504

TITLE ☐ DELETE

NAME DVFT  
KISPERT, KIMBERLY A  
STREET ADDRESS 1133 WESTCHESTER AVENUE  
CITY-STATE-ZIP WHITE PLAINS NY 10604

TITLE ☐ DELETE

NAME DVGC  
SHAY, JR., JOHN J  
STREET ADDRESS 1133 WESTCHESTER AVENUE  
CITY-STATE-ZIP WHITE PLAINS NY 10604

TITLE ☐ DELETE

NAME S  
BARBRACK, JOANNE H  
STREET ADDRESS 1133 WESTCHESTER AVENUE  
CITY-STATE-ZIP WHITE PLAINS NY 10604

TITLE ☐ DELETE

NAME AS  
GOULET, JEANNE P  
STREET ADDRESS 1133 WESTCHESTER AVENUE  
CITY-STATE-ZIP WHITE PLAINS NY 10604

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director & Controller ☒ Change ☐ Addition

1.2 NAME Linda L. Anderson  
1.3 STREET ADDRESS North Castle Drive  
1.4 CITY-STATE-ZIP Armonk, NY 10504

2.1 TITLE Director V.P. Finance & Treasurer ☒ Change ☐ Addition

2.2 NAME John V. Palermo, Jr.  
2.3 STREET ADDRESS North Castle Drive  
2.4 CITY-STATE-ZIP Armonk, NY 10504

3.1 TITLE President ☒ Change ☐ Addition

3.2 NAME Kimberly A. Kispert  
3.3 STREET ADDRESS North Castle Drive  
3.4 CITY-STATE-ZIP Armonk, NY 10504

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS North Castle Drive  
4.4 CITY-STATE-ZIP Armonk, NY 10504

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS North Castle Drive  
5.4 CITY-STATE-ZIP Armonk, NY 10504

6.1 TITLE Assistant Secretary ☒ Change ☐ Addition

6.2 NAME Juda Chetrit  
6.3 STREET ADDRESS North Castle Drive  
6.4 CITY-STATE-ZIP Armonk, NY 10504

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 person or persons 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, with all other like empowered.

SIGNATURE: X

John J. Shay, Jr.

4/15/99

(914) 765-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0664558