

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 # **P16941**

1. Corporation Name

**IBM CREDIT FINANCING 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

**11/24/1987**

4. FEI Number

**06-1119071**

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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

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.

(NOT if Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VTD  
TWOMEY, MICHAEL J  
1133 WESTCHESTER AVE.  
WHITE PLAINS NY 10604**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD  
KISPERT, KIMBERLY A  
1133 WESTCHESTER AVE.  
WHITE PLAINS NY 10604**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**AS  
GOULET, JEANNE P  
1133 WESTCHESTER AVE.  
WHITE PLAINS NY 10604**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S  
BARBACK, JOANNE H  
1133 WESTCHESTER AVE.  
WHITE PLAINS NY 10604**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**C  
GALLAGHER, KEVIN P  
1133 WESTCHESTER AVE.  
WHITE PLAINS NY 10604**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD  
SHAY, J J JR  
1133 WESTCHESTER AVE.  
WHITE PLAINS NY 10604**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

**John V. Palermo, Jr.  
North Castle Drive  
Armonk, NY 10504**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

**North Castle Drive  
Armonk, NY 10504**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

**Juda Chetrit  
North Castle Drive  
Armonk, NY 10504**

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

**North Castle Drive  
Armonk, NY 10504**

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

**Linda L. Anderson  
North Castle Drive  
Armonk, NY 10504**

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**North Castle Drive  
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 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, 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 (1/98)

0564559