

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90072 001 ***300.00

DOCUMENT # **P16941**

1. Entity Name

IBM CREDIT FINANCING CORPORATION

11371



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
NORTH CASTLE DRIVE MAILDROP NC-320 ARMONK NY 10504-1785 US	NORTH CASTLE DRIVE MAILDROP NC-320 ARMONK NY 10504 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
06-1119071	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	VTD
STREET ADDRESS	TWOMEY, MICHAEL J
CITY-ST-ZIP	1133 WESTCHESTER AVE. WHITE PLAINS NY 10604
TITLE	<input type="checkbox"/> Delete
NAME	PD
STREET ADDRESS	KISPERT, KIMBERLY A
CITY-ST-ZIP	NORTH CASTLE DRIVE ARMONK NY 10504
TITLE	<input type="checkbox"/> Delete
NAME	AS
STREET ADDRESS	GOULET, JEANNE P.
CITY-ST-ZIP	NORTH CASTLE DRIVE ARMONK NY 10504
TITLE	<input type="checkbox"/> Delete
NAME	S
STREET ADDRESS	BARBACK, JOANNE H
CITY-ST-ZIP	NORTH CASTLE DRIVE ARMONK NY 10504
TITLE	<input type="checkbox"/> Delete
NAME	C
STREET ADDRESS	GALLAGHER, KEVIN P
CITY-ST-ZIP	NORTH CASTLE DRIVE ARMONK NY 10504
TITLE	<input type="checkbox"/> Delete
NAME	VD
STREET ADDRESS	SHAY, J J JR
CITY-ST-ZIP	NORTH CASTLE DRIVE ARMONK NY 10504

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V.P., Treasurer & Director
STREET ADDRESS	Palermo, Jr., John V.
CITY-ST-ZIP	North Castle Drive Armonk, New York 10504
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President & Director
STREET ADDRESS	Summa, Paula L.
CITY-ST-ZIP	North Castle Drive Armonk, New York 10504
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Assistant Secretary
STREET ADDRESS	Chetrit, Juda
CITY-ST-ZIP	North Castle Drive Armonk, New York 10504
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbrack, Joanne H.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Controller
STREET ADDRESS	Linda L. Anderson
CITY-ST-ZIP	North Castle Drive Armonk, New York 10504
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joanne H. Barbrack Date: 4/17/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)