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 # **P27373** **(0)**

1. Corporation Name
IBM INVESTMENTS, INC.

Principal Place of Business	Mailing Address
C/O ICC TAX DEPARTMENT 290 HARBOR DRIVE, MS #780 STAMFORD CT 36904-2399 US	C/O ICC TAX DEPARTMENT 290 HARBOR DRIVE, MS #780 STAMFORD CT 36904-2399 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1989	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business (21)	2a. Mailing Address (26): TAX DEPT., OLD ORCHARD RD.
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27): MS 234
City & State (23)	City & State (28): ARMONK, NY
Zip (24) / Country (25)	Zip (29): 10504 / Country (30): WESTCHESTER
4. FEI Number: 06-1277952	☐ 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 § 199.032* Florida Statutes ☒ Yes ☐ No	PAID BY IBM CREDIT CORP.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	FORESE, JAMES J.	12 NAME		
STREET ADDRESS	290 HARBOR DR.	13 STREET ADDRESS		
CITY ST ZIP	STAMFORD CT	14 CITY ST ZIP		
TITLE	VGCS	21 TITLE		☐ Change ☐ Addition
NAME	SHAY, JOHN J. JR.	22 NAME		
STREET ADDRESS	290 HARBOR DR.	23 STREET ADDRESS		
CITY ST ZIP	STAMFORD CT	24 CITY ST ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	NEUHOFER, CHRISTIAN	32 NAME		
STREET ADDRESS	290 HARBOR DR.	33 STREET ADDRESS		
CITY ST ZIP	STAMFORD CT	34 CITY ST ZIP		
TITLE	T	41 TITLE	TREASURER & CONTROLLER	☒ Change ☒ Addition
NAME	ANDERSON, JANET E.	42 NAME	NANCY E. COOPER	
STREET ADDRESS	290 HARBOR DR.	43 STREET ADDRESS	290 HARBOR DRIVE	
CITY ST ZIP	STAMFORD CT	44 CITY ST ZIP	STAMFORD, CT 06902	
TITLE	C	51 TITLE	DIRECTOR, VP AND CFO	☒ Change ☒ Addition
NAME	OBETZ, RICHARD J.	52 NAME	ALLISON R. SCHLEICHER	
STREET ADDRESS	290 HARBOR DR.	53 STREET ADDRESS	290 HARBOR DRIVE	
CITY ST ZIP	STAMFORD CT	54 CITY ST ZIP	STAMFORD, CT 06902	
TITLE	AS	61 TITLE	ASSISTANT SECRETARY	☒ Change ☒ Addition
NAME	COX, EARLENE H.	62 NAME	JEANNE P. GOULET	
STREET ADDRESS	290 HARBOR DR.	63 STREET ADDRESS	290 HARBOR DRIVE	
CITY ST ZIP	STAMFORD CT	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 if changed, 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 #

0393949 FP