

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

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

04-25-1999 90009 029 ***450.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P27373

1. Corporation Name
IBM INVESTMENTS, INC.



DO NOT WRITE IN THIS SPACE

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

Mailing Address
**1133 WESTCHERSTER AVE.
 M/S 317
 WHITE PLAINS NY 10604
 US**

3. Date Incorporated or Qualified
12/15/1989

4. FEI Number
06-1277952

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

2a. Mailing Address
26 North Castle Drive

Suite, Apt. #, etc.
22 Maildrop NC-320

City & State
23 Armonk, NY

Zip Country
24 10504 29 USA

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VGCS	<input type="checkbox"/> DELETE
NAME	SHAY, JOHN J. JR.	
STREET ADDRESS	290 HARBOR DR.	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NEUHOFER, CHRISTIAN	
STREET ADDRESS	290 HARBOR DR.	
CITY-ST-ZIP	STAMFORD CT	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TWOMEY, MICHAEL J	
STREET ADDRESS	290 HARBOR DR	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	KISPERT, KIMBERLY A	
STREET ADDRESS	290 HARBOR DR	
CITY-ST-ZIP	STAMFORD CT	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GOULET, JEANNE P	
STREET ADDRESS	290 HARBOR DRIVE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	CT	<input type="checkbox"/> DELETE
NAME	GALLAGHER, KEVIN P	
STREET ADDRESS	290 HARBOR DRIVE	
CITY-ST-ZIP	STAMFORD DT	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	North Castle Drive
1.4 CITY-ST-ZIP	Armonk, NY 10504
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	IBM Germany - Pascalstrasse 100
2.4 CITY-ST-ZIP	70569 Stuttgart, Germany
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	President
3.3 STREET ADDRESS	John V. Palermo, Jr.
3.4 CITY-ST-ZIP	North Castle Drive Armonk, NY 10504
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	North Castle Drive
4.4 CITY-ST-ZIP	Armonk, NY 10504
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Juda Chetrit
5.3 STREET ADDRESS	North Castle Drive
5.4 CITY-ST-ZIP	Armonk, NY 10504
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Linda L. Anderson
6.3 STREET ADDRESS	North Castle Drive
6.4 CITY-ST-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 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 a like or empowered.

SIGNATURE: X _____ **John J. Shay, Jr., Vice President 4/15/99 914-765-6100**
 & Secretary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)