

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 # P27373

1. Corporation Name

IBM INVESTMENTS, INC.



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1989

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 North Castle Drive

27 Suite, Apt. #, etc.

Maildrop NC-320

28 City & State

Armonk, NY

29 Zip

10504

30 Country

USA

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 VGCS ☐ DELETE
NAME SHAY, JOHN J. JR.
STREET ADDRESS 290 HARBOR DR.
CITY-STATE-ZIP STAMFORD CT

TITLE VD ☐ DELETE
NAME NEUHOFFER, CHRISTIAN
STREET ADDRESS 290 HARBOR DR.
CITY-STATE-ZIP STAMFORD CT

TITLE P ☐ DELETE
NAME TWOMEY, MICHAEL J
STREET ADDRESS 290 HARBOR DR
CITY-STATE-ZIP STAMFORD CT

TITLE VCFO ☐ DELETE
NAME KISPERT, KIMBERLY A
STREET ADDRESS 290 HARBOR DR
CITY-STATE-ZIP STAMFORD CT

TITLE AS ☐ DELETE
NAME GOULET, JEANNE P
STREET ADDRESS 290 HARBOR DRIVE
CITY-STATE-ZIP STAMFORD CT

TITLE CT ☐ DELETE
NAME GALLAGHER, KEVIN P
STREET ADDRESS 290 HARBOR DRIVE
CITY-STATE-ZIP STAMFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS North Castle Drive
1.4 CITY-STATE-ZIP Armonk, NY 10504

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS IBM Germany - Pascalstrasse 100
2.4 CITY-STATE-ZIP 70569 Stuttgart, Germany

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME President
3.3 STREET ADDRESS John V. Palermo, Jr.
3.4 CITY-STATE-ZIP North Castle Drive
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 Juda Chetrit
5.4 CITY-STATE-ZIP North Castle Drive
Armonk, NY 10504

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS Linda L. Anderson
6.4 CITY-STATE-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 119.073(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 different like 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)