

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27373

1. Entity Name

IBM INVESTMENTS, INC.

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

05-04-2000 90073 001 ***300.00

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

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

Zip Country Zip Country

4. FEI Number **06-1277952** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$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 _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VGCS		NAME		
STREET ADDRESS	SHAY, JOHN J. JR.		STREET ADDRESS		
CITY-ST-ZIP	NORTH CASTLE DRIVE		CITY-ST-ZIP		
	ARMONK NY 10504				
TITLE	ND	<input type="checkbox"/> Delete	TITLE	Vice President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUMOFFER, CHRISTIAN		NAME	Jung, Erwin	
STREET ADDRESS	290 HARBOR DR.		STREET ADDRESS	IBM Germany-Pascalstrasse 100	
CITY-ST-ZIP	STAMFORD/CT		CITY-ST-ZIP	70569 Stuttgart Germany	
TITLE	P	<input type="checkbox"/> Delete	TITLE	President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWOMEY, MICHAEL J		NAME	Palermo, Jr., John	
STREET ADDRESS	290 HARBOR DR.		STREET ADDRESS	North Castle Drive	
CITY-ST-ZIP	STAMFORD/CT		CITY-ST-ZIP	Armonk, NY 10504	
TITLE	VCFO	<input type="checkbox"/> Delete	TITLE	Vice President & CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISPERT, KIMBERLY A		NAME	Summa, Paula	
STREET ADDRESS	290 HARBOR DR.		STREET ADDRESS	North Castle Drive	
CITY-ST-ZIP	STAMFORD/CT		CITY-ST-ZIP	Armonk, NY 10504	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULET, JEANNE P		NAME	Chetrit, Juda	
STREET ADDRESS	290 HARBOR DRIVE		STREET ADDRESS	North Castle Drive	
CITY-ST-ZIP	STAMFORD/CT		CITY-ST-ZIP	Armonk, NY 10504	
TITLE	CT	<input type="checkbox"/> Delete	TITLE	Controller & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, KEVIN P		NAME	Anderson, Linda	
STREET ADDRESS	290 HARBOR DRIVE		STREET ADDRESS	North Castle Drive	
CITY-ST-ZIP	STAMFORD/CT		CITY-ST-ZIP	Armonk, NY 10504	

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 a former like empowered.

SIGNATURE: _____ Secretary 4/20/00 914-765-1900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)