

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90049 022 ***150.00

DOCUMENT # P27373

1. Entity Name
IBM INVESTMENTS, INC.

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

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

7. Name and Address of New Registered Agent

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

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	VGCS	<input type="checkbox"/> Delete
NAME	SHAY, JOHN J. JR.	
STREET ADDRESS	NORTH CASTLE DRIVE	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JUNG, ERWIN	
STREET ADDRESS	IBM GERMANY-PASCALSTRASSE 100	
CITY-ST-ZIP	STUTTGART, GERMANY 70569	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PALERMO, JOHN JR.	
STREET ADDRESS	NORTH CASTLE DRIVE	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	SUMMA, PAULA	
STREET ADDRESS	NORTH CASTLE DRIVE	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CHETRIT, JUDA	
STREET ADDRESS	NORTH CASTLE DRIVE	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	CT	<input type="checkbox"/> Delete
NAME	ANDERSON, LINDA	
STREET ADDRESS	NORTH CASTLE DRIVE	
CITY-ST-ZIP	ARMONK NY 10504	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK S. PETERSEN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT J. MASI	
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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 **914-765-6100**
 Date Daytime Phone #

CR2E034 (10/00)