



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
(401) 222-3000

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00 • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 129144		2. Exact name of the limited liability company IBM Credit LLC	
3. State of Formation DE		4. Brief description of the character of the business which is actually conducted in Rhode Island Financing	
5. Principal office address North Castle Drive		City Armonk	State NY
		Zip 10504	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joanne Barbrack		Contact Title Secretary	
Street Address North Castle Drive		City Armonk	State NY
		Zip 10504	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Robert Zapfel		Manager Name Lisa Scholnick	
Street Address North Castle Drive		Street Address North Castle Drive	
City Armonk	State NY	City Armonk	State NY
Zip 10504		Zip 10504	
Manager Name Adam Wilson		Manager Name	
Street Address 4111 Northside Parkway		Street Address	
City Atlanta	State GA	City	State
Zip 30327		Zip	
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

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11:21

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED^c

File Date OCT 07 2010
 Check No. C-128321
 By: 9Y
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Joanne Barbrack 10/4/10
 Signature of Authorized Person Date
Joanne Barbrack
 Print or Type Name of Authorized Person