Matthew A. Brown. Secretary of State

Corporations Division 100 North Main Street, Providence, RI 02903-1335

401,222.3040

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

11) No. 29144		OR PRINTED IN BLACK)  2. Exact name of the limited liability company  1BM Credit LLC							
State of Formation	1,814,0	4. Brief description of the character of the husiness which is actually conducted in Rhode Island							
DELAWARE	·	FINANCING							
				City	State	Zip			
Principal office address  NORTH CASTLE DRIVE				ARMONK	NY	10504-			
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oanne H. Barbrack			.Secretary						
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anager Name				Manager Name					
John E. Callies			Mario Bernardis						
reel Address				* Street Address					
orth Castl	e Drive			North Castle	Drive State	Zap			
in		State	Zip	*Cliy	NY	10504			
rmonk		NA	10504	Armonk					
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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 H. Barbrack Print or Type Name of Authorized Person



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

IBM ENDICOTT

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 - Filing (\$4)\$50.000

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1. ID No.	2. Exact name of the limited	name of the limited liability company								
129144	IBM Credit LLC	redit LLC								
3. State of Formation		of the character of the busine	ss which is actually conducted in R	hode Island						
DELAWARE	Financ	ing								
5. Principal office addr North Castl	e Drive NC-320	<del></del>	City Armonk	State New York	Zip 10504					
6. MAILING ADDI	RESS OF LIMITED LIABIL	ITY COMPANY AND N	AME OR TITLE OF CONTAC		1 2030 (					
John J. Sha	ıy, Jr.		Vice P	Vice President and Secretary						
Street Address	<u> </u>		City	State	Zip					
North Castl	e Drive NC-320		Armonk	New York	10504					
	FILL IN SPA	CES BEFORE USING A	IABILITY COMPANY, IF AI TTACHMENTS ("X" BOX S FILING OF AMENDMENT,	_	-16-52					
Manager Name			Manager Name	Manager Name						
James W. Bo	yken		Mark Loughrid	Mark Loughridge						
Street Address	·		Street Address	Street Address						
North Castl	e Drive		North Castle Drive							
City	State	Zip	City	State	Zip					
Armonk	NY	10504	Armonk	NY	10504					
Manager Name Lisa J. Sch	olnick		Manager Name							
Street Address North Castl	e Drive		Street Address							
City	State	Zip	City	State	24 Sec.					
Armonk	l ny	10504								
Agent Name		DO NOT ALTER - Cha	nges require filing of Fore	Address Address						
CT CORPORATION Address	alal <u>FM</u>	· <del>- · · · · · · · · · · · · · · · · · ·</del>	City	715						
10 WEYBOSSET ST	REET		PROVIDENCE	21p 02903-						
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



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. 10. HA ex 8

AID SHULTSHOUND OF Authorized Verson OFAITONN John J. Shay, Jr.

Vice President and Secretary

Print or Type Name of Authorized Person

