



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

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3140

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 129144		2. Exact name of the limited liability company IBM Credit LLC	
3. State of Formation DELAWARE		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 OF FILE CONTACT PERSON			
Contact Name Joanne H. 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 FILE IN SEACHES BEFORE USING ATTACHMENTS. IF NOT ATTACHED, IN ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF ATTENDMENT, REG. 1-16-66, BUREAU 7-16-66			
Manager Name John E. Callies		Manager Name Mario Bernardis	
Street Address North Castle Drive		Street Address North Castle Drive	
City Armonk	State NY	City Armonk	State NY
Zip 10504		Zip 10504	
Manager Name Donna L. Belusar		Manager Name	
Street Address North Castle Drive		Street Address	
City Armonk	State NY	City	State
Zip 10504		Zip	
8. RESIDENT AGENT IN RHODE ISLAND. Change requires filing of Form 842, REG. 1-16-66			
Agent Name CT CORPORATION SYSTEM		Address 10 WEYBOSSET STREET	
Address		City PROVIDENCE	Zip 02903

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 9 1 4 4

\*129144 FLLG-10/31/05-04:42:45 PM\*

File Date

NOV 03 2005

Check No.

By: *[Signature]* 8/396

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.

Signature of Authorized Person

Date

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

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040IBM ENDICOTT  
ACCOUNTS PAYABLE

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1

Filing Fee \$50.00  
000059

04 SEP 20 AM 11:22

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 129144		2. Exact name of the limited liability company IBM Credit LLC					
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Financing					
5. Principal office address North Castle Drive NC-320		City Armonk		State New York		Zip 10504	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name John J. Shay, Jr.				Contact Title Vice President and Secretary			
Street Address North Castle Drive NC-320		City Armonk		State New York		Zip 10504	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52							
Manager Name James W. Boyken				Manager Name Mark Loughridge			
Street Address North Castle Drive		Street Address North Castle Drive					
City Armonk		State NY		City Armonk		State NY	
Zip 10504		Zip 10504		Zip 10504		Zip 10504	
Manager Name Lisa J. Scholnick				Manager Name			
Street Address North Castle Drive		Street Address					
City Armonk		State NY		City		State	
Zip 10504		Zip 10504		Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11							
Agent Name CT CORPORATION SYSTEM				Address			
Address 10 WEYBOSSET STREET		City PROVIDENCE		Zip 02903		Zip	

FILED

OCT 04 2004

By KMC

M 46650

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\* 1 2 9 1 4 4 \*

File Date	_____
Check No.	_____
By:	_____
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.

NO. 44 64 6 17

CORPORATIONS DIV.

STATE OF RHODE ISLAND

RECEIVED

John J. Shay, Jr.

Vice President and Secretary

Print or Type Name of Authorized Person

3 Sep 04