


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90012 009 \*\*\*150.00

DOCUMENT # F05000001366	
1. Entity Name LENOVO (UNITED STATES) INC.	

Principal Place of Business 3039 CORNWALLIS ROAD PO BOX 13915; BLDG 656, BOX 29 RESEARCH TRIANGLE PARK, NC 27709	Mailing Address 3039 CORNWALLIS ROAD PO BOX 13915; BLDG 656, BOX 29 RESEARCH TRIANGLE PARK, NC 27709
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2. Principal Place of Business - No P.O. Box # 1009 Think Place Suite, Apt. #, etc. Bldg 500, Box 29 City & State Morrisville, NC Zip 27560 Country Wake	3. Mailing Address 1009 Think Place Suite, Apt. #, etc. Bldg 500, Box 29 City & State Morrisville, NC Zip 27560 Country Wake
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03132007 Chg-P CR2E034 (12/06)

4. FEI Number 52-2449153	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES O'SULLIVAN, FRANCES <input type="checkbox"/> Delete 3039 CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA CONES, ROBERT <input type="checkbox"/> Delete 3039 CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR THERET, JOSEPH <input type="checkbox"/> Delete 3039 CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SMITH, SCOTT <input checked="" type="checkbox"/> Delete 3039 CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CONES, ROBERT <input type="checkbox"/> Delete 3039 CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR THERET, JOSEPH <input type="checkbox"/> Delete 3039 CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1009 Think Place, Bldg 500, Box 29 Morrisville, NC 27560
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1009 Think Place, Bldg 500, Box 29 Morrisville, NC 27560
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1009 Think Place, Bldg 500, Box 29 Morrisville, NC 27560
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1009 Think Place, Bldg 500, Box 29 Morrisville, NC 27560
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1009 Think Place, Bldg 500, Box 29 Morrisville, NC 27560

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian Tesinko (Sign under 8/01A) 3/13/07 919-254-2449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #


Brian Tesinko - Manager - IIS State & Local Taxes

ATTACHMENT

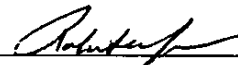
40040068  
#F05000001366

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That I, Robert W. Cones, Treasurer with offices at 3039 Cornwallis Road, PO Box 13915, Research Triangle Park, NC 27709, have made, constituted and appointed, and by THESE PRESENTS do make, constitute and appoint Brian Jesinkey, State and Local Tax Manager, my true and lawful attorney for me in compilations of information connected there with respect to any business operation transactions relating to Income, Franchise, Sales, Use, Gross Receipt Taxes, Business License and Personal Property Taxes of Lenovo (United States), Inc., which are required by any governmental agency, department or instrumentality or which my said attorney shall think to be desirable or necessary for any purpose, and to make any payments with respect thereto, hereby giving and granting unto my said attorney full power and authority to do and perform all and every act or thing whatsoever requisite and necessary with respect to the above as I might or could do if personally present, hereby ratifying and confirming all that my said attorney, shall lawfully do or cause to be done by virtue thereof.

IN WITNESS THEREOF, I hereunto set my hand and seal the 2 day of JUNE, in the year of Two Thousand ~~Four~~ FIVE 

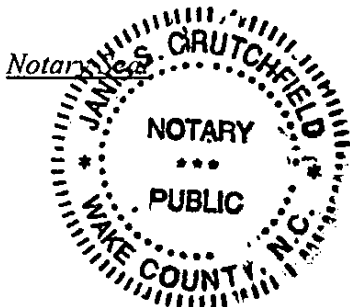
In presence of:


  
Robert W. Cones  
Treasurer  
Lenovo (United States), Inc.

State of

County of

On this 2 day of JUNE, Two Thousand Five, before me, the subscriber, personally appeared Robert W. Cones, to me personally known, and known to me to be the same person described in and who executed the foregoing Power of Attorney, and he acknowledged to me that he executed the same.



  
Notary Public

My Commission Expires: 2/26/2007