


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90011 020 ***150.00

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



Principal Place of Business Mailing Address
 1009 THINK PLACE 1009 THINK PLACE
 BLDG 500, BOX 29 BLDG 500, BOX 29
 MORRISVILLE, NC 27560 MORRISVILLE, NC 27560

40037652



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 1009 Think Place 1009 Think Place
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02252008 Chg-P CR2E034 (12/06)

City & State Morrisville, NC City & State Morrisville, NC
 Zip 27560 Country US Zip 27560 Country US

4. FEI Number 52-2449153 Applied For Not Applicable

5. Certificate of Status Desired \$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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES O'SULLIVAN, FRANCES 1009 THINK PLACE, BLDG 500, BOX 29 MORRISVILLE, NC 27560 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA CONES, ROBERT 1009 THINK PLACE, BLDG 500, BOX 29 MORRISVILLE, NC 27560 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECR THERET, JOSEPH 1009 THINK PLACE, BLDG 500, BOX 29 MORRISVILLE, NC 27560 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR CONES, ROBERT 1009 THINK PLACE, BLDG 500, BOX 29 MORRISVILLE, NC 27560 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR THERET, JOSEPH 1009 THINK PLACE, BLDG 500, BOX 29 MORRISVILLE, NC 27560 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Rory Read 1009 Think Place Morrisville, NC 27560 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treas Joseph Theret 1009 Think Place Morrisville, NC 27560 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1009 Think Place
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Thomas Looney 1009 think Place Morrisville, NC 27560 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Mike Todd 1009 Think Place Morrisville NC 27560 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Jesinkey Date: 2/26/2008 Daytime Phone #: 919-257-5098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Jesinkey (P.O.A.) Sr. Mgr. USSALT

ATTACHMENT

40037652

#F05000001366

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That I, Rory P. Read, Chairman and President, Lenovo (United States) Inc., with offices at 1009 Think Place, Morrisville, NC 27560, 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 and Annual Reports 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 1st day of March, in the year of Two Thousand Seven.

In presence of:

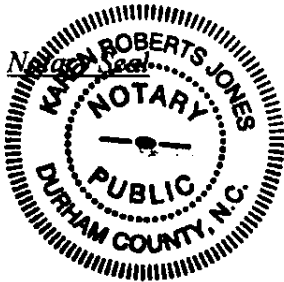
Rory P. Read

Rory P. Read
Chairman and President
Lenovo (United States), Inc.

State of

County of

On this 1st day of March, Two Thousand Seven, before me, the subscriber, personally appeared Rory P. Read, 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.



Karen Roberts Jones
Notary Public

My Commission Expires: 1-12-2012