


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90008 048 ***150.00

DOCUMENT # F06000007649
 1. Entity Name
IBM LENDER BUSINESS PROCESS SERVICES, INC.



40127447



07192007 Chg-P CR2E034 (12/06)

Principal Place of Business Mailing Address
 8501 IBM DR 8501 IBM DR
 CHARLOTTE, NC 28262 CHARLOTTE, NC 28262

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 8501 IBM Drive 8501 IBM Drive

Suite, Apt. #, etc. Suite, Apt. #, etc.
 Bldg 201 #2DD188 Bldg 201 #2DD188

City & State City & State
 Charlotte NC Charlotte NC

Zip Country Zip Country
 28262 USA 28262 USA

4. FEI Number Applied For
 20-5951227 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
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASSUR, AFZAL 294 ROUTE 100 SOMERS, NY 10589 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SULLINS, GREGORY A 8501 IBM DR CHARLOTTE, NC 28262 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCHESNEY, WILLIAM J 1551 S WASHINGTON AVE PISCATAWAY, NJ 08854 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAILEY, GERALD L 321 GRAND AVE FALMOUTH, MA 02540 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8501 IBM DR Bldg 201 #2DD188 Charlotte NC 28262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8501 IBM DR Bldg 201 #2DD188 Charlotte NC 28262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8501 IBM DR Bldg 201 #2DD188 Charlotte NC 28262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8501 IBM DR. Bldg 201 #2DD188 Charlotte NC 28262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: Raldman Date: 7/24/2007 Daytime Phone #: 914-766-2390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR