

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38993

FILED
Jan 08, 2010
Secretary of State

Entity Name: IBM BUSINESS TRANSFORMATION OUTSOURCING INSURANCE SERVICES CORPORATION

Current Principal Place of Business:

2000 WADE HAMPTON BLVD.
GREENVILLE, SC 29615

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 19101
LEGAL DEPARTMENT
GREENVILLE, SC 29602 US

New Mailing Address:

FEI Number: 57-0935614 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: RAY, ERIC R
Address: 2000 WADE HAMPTON BOULEVARD
City-St-Zip: GREENVILLE, SC 29615 US

Title: S
Name: BUDD, STEVEN W
Address: 294 ROUTE 100
City-St-Zip: SOMERS, NY 10589 US

Title: T
Name: RATCLIFF, PHILIP C
Address: 2000 WADE HAMPTON BLVD
City-St-Zip: GREENVILLE, SC 29615 US

Title: D
Name: RATCLIFF, PHILIP C
Address: 2000 WADE HAMPTON BLVD
City-St-Zip: GREENVILLE, SC 29615 US

Title: D
Name: RAY, ERIC R
Address: 2000 WADE HAMPTON BOULEVARD
City-St-Zip: GREENVILLE, SC 29615 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PHILIP C. RATCLIFF

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01/08/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date