F05000003331

(Requestor's Name)
/Add.
(Address)
24.1
(Address)
(City)Ober File (Diverse 49)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dadinoso Elliny Haille)
(Document Number)
(2000)
Certified Copies Certificates of Status
2 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4
Special Instructions to Filing Officer:
1/).;
$f \sim V$
//
Office Hea Only
Office Use Only
\bigvee



800055167548

U6/07/05--01043--022 **70.00

RECEIVED

05 JUN -7 AN III: 48

DIVISIGN OF CORPORATION



CT CORPORATION

June 7, 2005

Department of State, Florida 409 East Gaines Street Tallahassee FL 32399 THE REAL PROPERTY OF STREET

Re: Order #: 6380987 SO

Customer Reference 1: Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

John Deere Risk Protection, Inc. (IA) Qualification Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Manager Fulfill Ctr Connie_Bryan@cch-lis.com

1203 Governors Square Boulevard Tallahassee, FL 32301-2960 Tel. 850 222 1092 ⁻ Fox 850 222 7615

TRANSMITTAL LETTER

the Grant Control of the Control of
TRANSMITTAL LETTER
THAT CELL TEN
TRANSMITTAL LETTER To: Registration Section Division of Corporations SUBJECT: John Deere Risk Protection, Inc.
SUBJECT: John Deere Risk Protection, Inc.
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Hope Rettig-Jolliff
(Name of Person)
John Deere Credit, Inc.
(Firm/Company)
6400 NW 86th Street
(Address)
Johnston, IA 50131-6600
(City/State and Zip code)
For further information concerning this matter, please call:
Cheryl Critelli at (515) 267-4189
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section
Registration Section Registration Section Division of Corporations Division of Corporations
409 E. Gaines St. P.O. Box 6327
Tallahassee, FL 32399 Tallahassee, FL 32314
Enclosed is a check for the following amount:
Ø \$70.00 Filing Fee□ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,Certificate of StatusCertified CopyCertified CopyCertified CopyCertified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 🏖 **BUSINESS IN FLORIDA**

ACT TO IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMIT. REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida
lowa	•	3.	36-4459599
	under the law of which it is incorporated)		(FEI number, if applicable)
July 26, 2001		5.	Perpetual
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual"
Upon Filing			
	•		n Florida, if prior to registration) 502, F.S., to determine penalty liability)
6400 NW 86th	Street Johnston IA 50131-6600		,,
`	(Principal office	addı	ress)
PO Box 6600_J	ohnston IA 50131-6600		
<u> </u>	(Current mailing	add	ress)
Crop Insurance	.		
	s) of corporation authorized in home state of	r co	ountry to be carried out in state of Florida)
Name and street	et address of Florida registered agent: (P.C	D. Box NOT acceptable)
Name:	CT Corporation System		
ffice Address:	1200 South Pine Island Road		·
	Plantation		, Florida 33324
	(City)		(Zip code)

10. Registered agent's acceptance:

1. John Deere Risk Protection, Inc.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY (Registered agent's signature)

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See Attachment A
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS President: See Attachment A
Address:
Vice President
Vice President:
Address:
Security
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Director or Officer listed in number 12 of the application)
14. Cheryl Critelli, Assistant Secretary
(Typed or printed name and capacity of person signing application)

Attachment A

	JOHN DEERI	JOHN DEERE RISK PROTECTION, INC.			
	OFFIC	OFFICERS & DIRECTORS			
Name	Title	Bus. Street Address	City	State	Zip
Jon D. Volkert	CEO, Director	6400 NW 86th Street	Johnston	\\\	50131
Lawrence W. Sidwell	Senior Vice Pres., Director	6400 NW 86th Street	Johnston	ΙΑ	50131
James R. Jabanoski	Director	6400 NW 86th Street	Johnston	<u>M</u>	50131
Barry W. Schaffter	Director	1515 5th Avenue	Moline	日	61265
Lynn F. White	Director	5401 Trillium Blvd., Ste. 225	Hoffman Estates	口口	60192
Dennis G. Daggett	President	6400 NW 86th Street	Johnston	A	50131
James R. Heseman	Senior Vice Pres.	6400 NW 86th Street	Johnston	Y!	50131
Timothy V. Haight	Vice Pres. & Chief Counsel	6400 NW 86th Street	Johnston	A!	50131
Samuel R. Allen	Vice Pres.	One John Deere Place	Moline	日	61265-5209
Michael J. Mack	Vice Pres. & Treasurer	One John Deere Place	Moline	日	61265-5209
Charles G. Dahl	Vice Pres. & Controller	6400 NW 86th Street	Johnston	IA	50131
Jeffrey K. Cuvelier	Assistant Vice Pres.	6400 NW 86th Street	Johnston	IA	50131
Steven E. Warren	Asst. Treasurer	One John Deere Place	Moline	日日	61265-5209
Thomas K. Jarrett	Asst. Treasurer	One John Deere Place	Moline	日	61265-5209
James H. Becht	Secretary	One John Deere Place	Moline	日	61265-5209
Cheryl M.Critelli	Asst. Secretary	6400 NW 86th Street	Johnston	IA I	50131



Date: 04/28/2005

SECRETARY OF STATE

490 DP-000255561

JOHN DEERE RISK PROTECTION, INC.

JOHN DEERE RISK PROTECTION INC

J. SHEELEY

PO BOX 6680

JOHNSTON, IA 50131

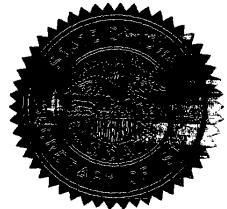
CERTIFICATE OF EXISTENCE

Name: JOHN DEERE RISK PROTECTION, INC.

Date of Incorporation: 07/26/2001

Duration: PERPETUAL

I, CHESTER J. CULVER, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the Secretary of State, and that articles of dissolution have not been filed.



CHESTER J. CULVER

SECRETARY OF STATE

