

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003441

FILED
Jul 22, 2010
Secretary of State

Entity Name: CNH CAPITAL INSURANCE AGENCY INC.

Current Principal Place of Business:

700 STATE STREET
RACINE, WI 53404

New Principal Place of Business:

Current Mailing Address:

700 STATE STREET
RACINE, WI 53404

New Mailing Address:

FEI Number: 39-1867188

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

OFFICERS AND DIRECTORS:

Title: CP
Name: BIERMAN, STEVEN C
Address: 233 LAKE AVENUE
City-St-Zip: RACINE, WI 53403

Title: D
Name: BOYANOVSKY, HAROLD D
Address: 6900 VETERANS BOULEVARD
City-St-Zip: BURR RIDGE, IL 60527

Title: DV
Name: MICHAELS, GARY S
Address: 5729 WASHINGTON AVENUE
City-St-Zip: RACINE, WI 53406

Title: S
Name: KIRBY, ROBERT S
Address: 700 STATE STREET
City-St-Zip: RACINE, WI 53404

Title: T
Name: CASALINO, MARCO
Address: 6900 VETERANS BOULEVARD
City-St-Zip: BURR RIDGE, IL 60527

Title: TO
Name: AIDE, RICK
Address: 621 STATE STREET
City-St-Zip: RACINE, WI 53402

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: RICK AIDE

TO

07/22/2010

Electronic Signature of Signing Officer or Director

Date