2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002446

Entity Name: CNH AMERICA LLC

FILED Jan 31, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 700 STATE ST RACINE, WI 53404 **Current Mailing Address: New Mailing Address:** C/O CNH TAX DEPT 700 STATE ST RACINE, WI 53404 FEI Number: 76-0433811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CASE NEW HOLLAND INC. . Name: Name: 700 STATE STREET Address: Address: City-St-Zip: RACINE, WI 53404 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: BOYANOVSKY, HAROLD Name: Address: 700 STATE STREET Address: City-St-Zip: RACINE, WI 53404 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MCDOUGAL, RUBIN Name: Name: Address: 700 STATE STREET Address: City-St-Zip: RACINE, WI 53404 City-St-Zip: () Delete Title: MGR Title: () Change () Addition ROSSOTTO, CAMILLO Name: Name: Address: 700 STATE STREET Address: City-St-Zip: RACINE, WI 53404 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition STEVEN, HAYNES GUERRIERI, GUIDO Name: Name: 700 STATE STREET 700 STATE STREET Address: Address: City-St-Zip: RACINE, WI 53404 City-St-Zip: RACINE, WI 53404 (X) Change () Addition Title: () Delete Title: COSTA, DONALD AIDE RICK Name: Name: Address: 700 STATE STREET Address: 700 STATE STREET RACINE, WI 53404 City-St-Zip: RACINE, WI 53404 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICK AIDE MGR 01/31/2008