

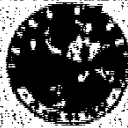
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**95 APR 19 AM 1:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 836141**

**(2)**

1. Corporation Name

**DEERE CREDIT, INC.**

Principal Place of Business

**JOHN DEERE ROAD  
% DEERE & COMPANY TAX DEPT.  
MOLINE IL 61265**

Mailing Address

**JOHN DEERE ROAD  
% DEERE & COMPANY TAX DEPT.  
MOLINE IL 61265**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**04/08/1976**

3a. Date of Last Report

**02/16/1994**

4. FEI Number

**36-2854862**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                            |
|-----------------|----------------------------|
| TITLE           | <b>D</b>                   |
| NAME            | <b>ENGLAND, JOSEPH W</b>   |
| STREET ADDRESS  | <b>JOHN DEERE RD</b>       |
| CITY - ST - ZIP | <b>MOLINE, IL 00000</b>    |
| TITLE           | <b>AS</b>                  |
| NAME            | <b>JARRETT, THOMAS K.</b>  |
| STREET ADDRESS  | <b>4022 E 61ST BLVD</b>    |
| CITY - ST - ZIP | <b>DAVENPORT IA</b>        |
| TITLE           | <b>S</b>                   |
| NAME            | <b>COTTRELL, F.S.</b>      |
| STREET ADDRESS  | <b>JOHN DEERE RD</b>       |
| CITY - ST - ZIP | <b>MOLINE, IL 00000</b>    |
| TITLE           | <b>PD</b>                  |
| NAME            | <b>ORR, MICHAEL P.</b>     |
| STREET ADDRESS  | <b>JOHN DEERE RD</b>       |
| CITY - ST - ZIP | <b>MOLINE, IL 00000</b>    |
| TITLE           | <b>V</b>                   |
| NAME            | <b>LEROY, P.E.</b>         |
| STREET ADDRESS  | <b>JOHN DEERE RD</b>       |
| CITY - ST - ZIP | <b>MOLINE, IL 00000</b>    |
| TITLE           | <b>T</b>                   |
| NAME            | <b>ROBERTSON, JAMES S.</b> |
| STREET ADDRESS  | <b>3015-36TH STREET</b>    |
| CITY - ST - ZIP | <b>MOLINE IL</b>           |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 6.4 CITY - ST - ZIP |                                                                   |

**SEE SCHEDULE ATTACHED.**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

*T. Jarrett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 13 1995**

Date

Daytime (Area #)

53041  
April 1966

**DEERE CREDIT, INC.**

**Business Address**  
(See Below)

**Residence Address**

**President**

Michael P. Orr SSN 479-62-0469

209 McClellan Blvd., Davenport, IA 52803

**Vice President**

Pierre E. Leroy SSN 359-40-2348

9 Windy Pt., Rock Island, IL 61201

Henry E. Schwabrow SSN 106-34-6483

\*\* 5 Brule Circle, Madison, WI 53717

Jon D. Volkart 480-64-1394

\* 300 Walnut #177, Des Moines, IA 50309

Steven E. Warren SSN 361-38-1143

\* 1540 Country Club Blvd., Clive, IA

**Secretary**

Frank S. Cottrell SSN 522-60-3681

2718-30th Street Court, Moline, IL 61265

**Assistant Secretaries**

James H. Becht SSN 278-54-3505

908-27th Avenue Court, E. Moline, IL 61244

Thomas K. Jarrett SSN 329-40-9221

4022 E. 61st Blvd., Davenport, IA 52807

Michael A. Harring SSN 360-44-6311

3711-77th Street Court, Moline, IL 61265

M. E. Mrosowicz SSN 326-42-1904

\* 2812 68th Street, Des Moines, IA 50322

William A. Rotsien SSN 383-46-2102

2181 St. Andrews Circle, Bettendorf, IA 52722

Steven A. Holmes SSN 379-58-9517

2906 Maple Lawn, Madison, WI 53719

**Treasurer**

James S. Robertson SSN 012-24-3473

3015-36th Street, Moline, IL 61265

**Assistant Treasurer**

Nathan J. Jones SSN 392-60-8531

4404 Lorton, Davenport, Iowa

**Directors**

Hans W. Becherer SSN 364-34-3719

788-25th Avenue Court, Moline, IL 61265

Frank S. Cottrell SSN 522-60-3681

2718-30th Street Court, Moline, IL 61265

Pierre E. Leroy SSN 359-40-2348

9 Windy Pt., Rock Island, IL 61201

Michael P. Orr SSN 479-62-0469

209 McClelland Blvd., Davenport, IA 52803

Eugene L. Schotanus SSN 479-40-3653

16208 Rt. 84 N, East Moline, IL 61244

**Business Address**

Deere & Company, John Deere Road, Moline, IL 61265

\* Deere Credit Services, 1415 28th Street, West Des Moines, IA 50265-1450

\*\* Farm Plan, 8402 Excelsior Dr., Madison, WI 53717-1923