FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P10069** **(3)**

1. Corporation Name

DEERE CREDIT SERVICES, INC.

Principal Place of Business

%DEERE & CO TAX DEPT
JOHN DEERE ROAD
MOLINE IL 61265

Mailing Address

%DEERE & CO TAX DEPT
JOHN DEERE ROAD
MOLINE IL 61265

3. Date Incorporated or Qualified: **05/12/1986**

3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **36-3423266** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

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 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHOTANUS, EUGENE L.		1.2 NAME		
STREET ADDRESS	16208 RT. 84N		1.3 STREET ADDRESS		
CITY-ST-ZIP	EAST MOLINE IL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DUNN, J. MICHAEL		2.2 NAME		
STREET ADDRESS	842-26TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	W DES MOINES IL		2.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE	SEE SCHEDULE ATTACHED	☐ Change ☐ Addition
NAME	ORR, MICHAEL P.		3.2 NAME		
STREET ADDRESS	209 MCCLELLAN BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT IA		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JARRETT, THOMAS K.		4.2 NAME		
STREET ADDRESS	4022 E 61ST BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT IA		4.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, DAVID L.		5.2 NAME		
STREET ADDRESS	33 OAK BROOK		5.3 STREET ADDRESS		
CITY-ST-ZIP	BETTENDORF IA		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COTTRELL, FRANK S.		6.2 NAME		
STREET ADDRESS	2718-30TH ST., COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	MOLINE IL		6.4 CITY-ST-ZIP		

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 119.07(3)(i), 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.K. JARRETT ASST. SEC'Y. 08 FEB 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)