

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002446

Entity Name: CNH AMERICA LLC**Current Principal Place of Business:**700 STATE ST
RACINE, WI 53404**Current Mailing Address:**C/O CNH TAX DEPT
621 STATE ST
RACINE, WI 53402**FEI Number:** 76-0433811**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Authorized Person(s) Detail :**

Title	MGRM
Name	CASE NEW HOLLAND INC.
Address	700 STATE STREET
City-State-Zip:	RACINE WI 53404

Title	MGR
Name	TOBIN, RICHARD
Address	700 STATE STREET
City-State-Zip:	RACINE WI 53404

Title	MGR
Name	PABLO, DI SI
Address	700 STATE STREET
City-State-Zip:	RACINE WI 53404

Title	MGR
Name	ANDREA, PAULIS
Address	700 STATE STREET
City-State-Zip:	RACINE WI 53404

Title	MGR
Name	WALL, MICHAEL
Address	700 STATE STREET
City-State-Zip:	RACINE WI 53404

Title	MGR
Name	AIDE, RICK
Address	700 STATE STREET
City-State-Zip:	RACINE WI 53404

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 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICK AIDE**TAX OFFICER****04/19/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date