#### 2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0300002446

Entity Name: CNH INDUSTRIAL 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

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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

# Authorized Person(s) Detail :

Authorized Person(s) Detail.						
Title	MGRM	Title	MGR			
Name	CASE NEW HOLLAND INC.	Name	TOBIN, RICHARD			
Address	700 STATE STREET	Address	700 STATE STREET			
City-State-Zip:	RACINE WI 53404	City-State-Zip:	RACINE WI 53404			
Title	MGR	Title	MGR			
Name	MASSIMILIANO, CHIARA	Name	ANDREA, PAULIS			
Address	700 STATE STREET	Address	700 STATE STREET			
City-State-Zip:	RACINE WI 53404	City-State-Zip:	RACINE WI 53404			
Title	MGR	Title	MGR			
Name	AIDE, RICK	Name	BERGSTROM, KELLY			
Address	700 STATE STREET	Address	700 STATE ST			
City-State-Zip:	RACINE WI 53404	City-State-Zip:	RACINE WI 53404			
Title	MGR	Title	MGR			
Name	KNOLL, LINDA	Name	GOING, MICHAEL P			
Address	700 STATE ST	Address	700 STATE ST			
City-State-Zip:	RACINE WI 53404	City-State-Zip:	RACINE WI 53404			

### Continues on page 2

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

SIGNATURE: RICK AIDE	TAX OFFICER	04/19/2017

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 19, 2017 Secretary of State CC3652520964

Date

Date

Authorized	Person(s) Detail Continued :	Title	MGR
Title	MGR	Name	DE BERNARDI, CARLO
Name	KONRATH, RICHARD	Address	700 STATE ST
Address	700 STATE ST	City-State-Zip:	RACINE WI 53404
City-State-Zip:	RACINE WI 53404	Title	MGR
Title	MGR	Name	BECKMANN, THOMAS N
Name	WALKER, JAMES E	Address	700 STATE ST
Address	700 STATE ST	City-State-Zip:	RACINE WI 53404
City-State-Zip:	RACINE WI 53404	Title	MGR
Title	MGR	Name	SHELDRAKE, PATRICK
Name	NEIL, VICTORIA	Address	700 STATE ST
Address	700 STATE ST	City-State-Zip:	RACINE WI 53404
City-State-Zip:	RACINE WI 53404	Title	MANAGER
<b>T</b>		Name	CREWS, BRAD
Title		Address	700 STATE ST
Name	BERGER, ALAN D	City-State-Zip:	RACINE WI 53404
Address	700 STATE ST		
City-State-Zip:	RACINE WI 53404	Title	MANAGER
Title	MANAGER	Name	DELVAL, STEPHAN
Name	LECHETA, LEANDRO	Address	700 STATE ST
Address	700 STATE ST	City-State-Zip:	RACINE WI 53404
City-State-Zip:	RACINE WI 53404	Title	MANAGER
Title	MGR	Name	NADHERNY, STEVEN T
Name	OMERZA, JASON	Address	700 STATE ST
Address	700 STATE ST	City-State-Zip:	RACINE WI 53404
City-State-Zip:	RACINE WI 53404	Title	MANAGER
Tido		Name	HARRIS, SCOTT
Title	MANAGER DAANE, ANN	Address	700 STATE ST
Name Address	700 STATE ST	City-State-Zip:	RACINE WI 53404
		Title	MANAGER
City-State-Zip:	RACINE WI 53404	Name	LIEBERMAN, BRET
Title	MANAGER	Address	700 STATE ST
Name	BAASCH, WILLIAM	City-State-Zip:	RACINE WI 53404
Address	700 STATE ST		
City-State-Zip:	RACINE WI 53404	Title	MANAGER
Title	MANAGER	Name Address	FLICK, TIMOTHY 700 STATE ST
Name	COFFEY, KURT L	City-State-Zip:	RACINE WI 53404
Address	700 STATE ST	City-State-Zip.	RACINE WI 33404
City-State-Zip:	RACINE WI 53404	Title	MANAGER
		Name	TREACY, IAIN
Title	MANAGER	Address	700 STATE ST
Name	LARSON, DAVID W	City-State-Zip:	RACINE WI 53404
Address	700 STATE ST		
City-State-Zip:	RACINE WI 53404		
Title	MANAGER		

NameCUBBIN, RENAEAddress700 STATE ST

City-State-Zip: RACINE WI 53404