

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000002446

**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  
700 STATE ST  
RACINE, WI 53404 US**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 LECHETA, LEANDRO  
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 AIDE, RICK H.  
Address 700 STATE STREET  
City-State-Zip: RACINE WI 53404

Title MGR  
Name BRADLEY, CREWS  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

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

Title MGR  
Name DE BERNARDI, CARLO  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

Title MANAGER  
Name DELVAL, STEPHAN  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

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*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 H AIDE****TAX OFFICER****05/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title MGR  
Name OMERZA, JASON  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

Title MANAGER  
Name FRENCH, BRIAN  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

Title MANAGER  
Name BAASCH, WILLIAM  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

Title MANAGER  
Name HAWES, VICTORIA  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

Title MANAGER  
Name SCHROEDER, JAY  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

Title MANAGER  
Name HAUPT, JOHN  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

Title MANAGER  
Name LOMBARDI, MICHELE  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

Title MANAGER  
Name WOYTERA, CHUN  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

Title MANAGER  
Name COFFEY, KURT L.  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

Title MANAGER  
Name KRUEGER, BRUCE  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

Title MANAGER  
Name NADHERNY, STEVEN T  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

Title MANAGER  
Name HARRIS, SCOTT  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

Title MANAGER  
Name LIEBERMAN, BRET  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

Title MANAGER  
Name CARRAMINANA, ELENA  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

Title MANAGER  
Name DAVIS, BRETT  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

Title MANAGER  
Name IYENGAR, JAYANTHI  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

Title MANAGER  
Name SHUMAN, ERIC  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

Title MANAGER  
Name BARR, KEVIN  
Address 700 STATE STREET  
City-State-Zip: RACINE WI 53404

Title MANAGER  
Name DOLAN, TERRENCE  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404

Title MANAGER  
Name NEUMANN, UWE  
Address 700 STATE ST  
City-State-Zip: RACINE WI 53404