2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836141

Entity Name: DEERE CREDIT, INC.

Current Principal Place of Business:

6400 NW 86TH ST. JOHNSTON, IA 50131

Current Mailing Address:

% DEERE TAX DEPT ONE JOHN DEERE PLACE MOLINE, IL 61265-8098 US

FEI Number: 36-2854862

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S. 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

Officer/Director Detail :

Oncendirector Detail :				
Title	PRESIDENT	Title	VP	
Name	KALATHUR, RAJESH	Name	SANDQUIST, JAYMA A	
Address	ONE JOHN DEERE PLACE	Address	ONE JOHN DEERE PLACE	
City-State-Zip:	MOLINE IL 61265	City-State-Zip:	MOLINE IL 61265	
Title	TREASURER	Title	SECRETARY	
Name	HAMBORG, STEPHEN T	Name	BERK, EDWARD R	
Address	ONE JOHN DEERE PLACE	Address	ONE JOHN DEERE PLACE	
City-State-Zip:	MOLINE IL 61265	City-State-Zip:	MOLINE IL 61265	
Title Name Address City-State-Zip:	ASST. SECRETARY SHELL, EMILY M ONE JOHN DEERE PLACE MOLINE IL 61265	Title Name Address City-State-Zip:	DIRECTOR TRAEGER, ANDREW C ONE JOHN DEERE PLACE MOLINE IA 50131	
Name Address	SHELL, EMILY M ONE JOHN DEERE PLACE	Name Address City-State-Zip: Title	TRAEGER, ANDREW C ONE JOHN DEERE PLACE MOLINE IA 50131 DIRECTOR	
Name Address City-State-Zip:	SHELL, EMILY M ONE JOHN DEERE PLACE MOLINE IL 61265	Name Address City-State-Zip:	TRAEGER, ANDREW C ONE JOHN DEERE PLACE MOLINE IA 50131	
Name Address City-State-Zip: Title	SHELL, EMILY M ONE JOHN DEERE PLACE MOLINE IL 61265 DIRECTOR	Name Address City-State-Zip: Title	TRAEGER, ANDREW C ONE JOHN DEERE PLACE MOLINE IA 50131 DIRECTOR	
Name Address City-State-Zip: Title Name	SHELL, EMILY M ONE JOHN DEERE PLACE MOLINE IL 61265 DIRECTOR SANDQUIST, JAYMA A	Name Address City-State-Zip: Title Name	TRAEGER, ANDREW C ONE JOHN DEERE PLACE MOLINE IA 50131 DIRECTOR KALATHUR, RAJESH	

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: EMILY SHELL

ASSISTANT SECRETARY 04/09/2024

Electronic Signature of Signing Officer/Director Detail

FILED Apr 09, 2024 Secretary of State 3715767910CC

Date

Date