

2014 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**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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**Officer/Director Detail :**Title PD
Name ISRAEL, JAMES A
Address 6400 NW 86TH ST
City-State-Zip: JOHNSTON IA 50131Title S
Name NOE, GREGORY
Address ONE JOHN DEERE PLACE
City-State-Zip: MOLINE IL 61265Title VP
Name KALATHUR, RAJESH
Address ONE JOHN DEERE PLACE
City-State-Zip: MOLINE IL 61265Title AS
Name JARRETT, THOMAS K
Address ONE JOHN DEERE PLACE
City-State-Zip: MOLINE IL 61265Title VP
Name KIMBALL, JENNY
Address 6400 NW 86TH ST
City-State-Zip: JOHNSTON IA 50131Title D
Name SIDWELL, LAWRENCE W
Address 6400 NW 86TH ST
City-State-Zip: JOHNSTON IA 50131

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: THOMAS K JARRETT**ASSISTANT SECRETARY** 04/23/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date