

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005825

Entity Name: DEERE & COMPANY**Current Principal Place of Business:**ONE JOHN DEERE PLACE
MOLINE, IL 61265**Current Mailing Address:**ONE JOHN DEERE PLACE
C/O TAX DEPT
MOLINE, IL 61265**FEI Number:** 36-2382580**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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	S
Name	NOE, GREGORY
Address	ONE JOHN DEERE PLACE
City-State-Zip:	MOLINE IL 61265

Title	AS
Name	JARRETT, THOMAS K
Address	ONE JOHN DEERE PLACE
City-State-Zip:	MOLINE IL 61265

Title	VP
Name	TEMPERLEY, JAMES E
Address	ONE JOHN DEERE PLACE
City-State-Zip:	MOLINE IL 61265

Title	PCD
Name	ALLEN, SAMUEL
Address	ONE JOHN DEERE PLACE
City-State-Zip:	MOLINE IL 61265

Title	VP
Name	FIELD, JAMES
Address	ONE JOHN DEERE PLACE
City-State-Zip:	MOLINE IL 61265

Title	T
Name	KIMBALL, JENNY
Address	ONE JOHN DEERE PLACE
City-State-Zip:	MOLINE IL 61265

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