

2020 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 PRESIDENT
Name MAY, JOHN
Address ONE JOHN DEERE PLACE
City-State-Zip: MOLINE IL 61265

Title SECRETARY
Name DAVIES, TODD
Address ONE JOHN DEERE PLACE
City-State-Zip: MOLINE IL 61265

Title ASST. SECRETARY
Name RUBINO, MICHAEL
Address ONE JOHN DEERE PLACE
City-State-Zip: MOLINE IL 61265

Title DIRECTOR
Name PAGE, GREGORY
Address ONE JOHN DEERE PLACE
City-State-Zip: MOLINE IL 61265

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

Title TREASURER
Name SPITZFADEN, THOMAS
Address ONE JOHN DEERE PLACE
City-State-Zip: MOLINE IL 61265

Title DIRECTOR
Name JONES, CLAYTON
Address ONE JOHN DEERE PLACE
City-State-Zip: MOLINE IL 61265

Title DIRECTOR
Name SMITH, SHERRY
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: MICHAEL RUBINO**ASSISTANT SECRETARY** 04/22/2020_____
Electronic Signature of Signing Officer/Director Detail_____
Date