

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000

**Entity Name:** JOHN DEERE SHARED SERVICES, INC.**Current Principal Place of Business:**ONE JOHN DEERE PLACE  
MOLINE, IL 61265**Current Mailing Address:**%DEERE CO TAX DEPARTMENT  
ONE JOHN DEERE PLACE  
MOLINE, IL 61265 US**FEI Number:** 36-3387700**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	P/D
Name	ALLEN, SAMUEL
Address	ONE JOHN DEERE PLACE
City-State-Zip:	MOLINE IL 61265

Title	DIRECTOR
Name	KALATHUR, RAJESH
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

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

Title	V/D
Name	FIELD, JAMES
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

*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