

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10069

Entity Name: DEERE CREDIT SERVICES, INC.**Current Principal Place of Business:**6400 NW 86TH STREET
JOHNSTON, IA 50131**Current Mailing Address:**ONE JOHN DEERE PLACE
DEERE & CO TAX DEPT
MOLINE, IL 61265 US**FEI Number:** 36-3423266**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	SVP
Name	HESEMAN, JAMES R
Address	6400 NW 86TH ST
City-State-Zip:	JOHNSTON IA 50131

Title	PD
Name	ISRAEL, JAMES A
Address	6400 NW 86TH ST
City-State-Zip:	JOHNSTON IA 50131

Title	AS
Name	JARRETT, THOMAS K
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	SVP
Name	SIDWELL, LAWRENCE W
Address	6400 NW 86TH STREET
City-State-Zip:	JOHNSTON IA 50131

Title	TREASURER
Name	KIMBALL, JENNY R
Address	ONE JOHN DEERE PLACE DEERE & CO TAX DEPT
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