

**2024 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            PRESIDENT  
Name           KALATHUR, RAJESH  
Address        ONE JOHN DEERE PLACE  
City-State-Zip: MOLINE IL 61265

Title            VP  
Name           JEPSEN, JOSHUA A  
Address        ONE JOHN DEERE PLACE  
City-State-Zip: MOLINE IL 61265

Title            TREASURER  
Name           HAMBORG, STEPHEN T  
Address        1 JOHN DEERE PL  
                    61265  
City-State-Zip: MOLINE IL 61265

Title            SECRETARY  
Name           BERK, EDWARD R  
Address        ONE JOHN DEERE PLACE  
City-State-Zip: MOLINE IL 61265

Title            ASST. SECRETARY  
Name           SHELL, EMILY M  
Address        ONE JOHN DEERE PLACE  
City-State-Zip: MOLINE IL 61265

Title            DIRECTOR  
Name           OWENSON, STEVEN N  
Address        ONE JOHN DEERE PLACE  
City-State-Zip: MOLINE IL 61265

Title            DIRECTOR  
Name           TRAEGER, ANDREW C  
Address        ONE JOHN DEERE PLACE  
City-State-Zip: MOLINE IL 61265

Title            DIRECTOR  
Name           SANDQUIST, JAYMA A  
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:** EMILY SHELL**ASSISTANT SECRETARY    04/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date