

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **836141** (2)

1. Corporation Name
DEERE CREDIT, INC.



Principal Place of Business: **JOHN DEERE ROAD % DEERE & COMPANY TAX DEPT. MOLINE IL 61265**
Mailing Address: **JOHN DEERE ROAD % DEERE & COMPANY TAX DEPT. MOLINE IL 61265**

3. Date Incorporated or Qualified: **04/08/1976**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **36-2854862**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	ENGLAND, JOSEPH W	2.2 NAME	
3. STREET ADDRESS	JOHN DEERE RD	3.3 STREET ADDRESS	
4. CITY-ST-ZIP	MOLINE, IL 00000	4.4 CITY-ST-ZIP	
5. TITLE	AS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	JARRETT, THOMAS K.	2.2 NAME	
7. STREET ADDRESS	4022 E 61ST BLVD	2.3 STREET ADDRESS	
8. CITY-ST-ZIP	DAVENPORT IA	2.4 CITY-ST-ZIP	
9. TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	COTTRELL, F.S.	3.2 NAME	
11. STREET ADDRESS	JOHN DEERE RD	3.3 STREET ADDRESS	
12. CITY-ST-ZIP	MOLINE, IL 00000	3.4 CITY-ST-ZIP	
13. TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	ORR, MICHAEL P.	4.2 NAME	
15. STREET ADDRESS	JOHN DEERE RD	4.3 STREET ADDRESS	
16. CITY-ST-ZIP	MOLINE, IL 00000	4.4 CITY-ST-ZIP	
17. TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	LEROY, P.E.	5.2 NAME	
19. STREET ADDRESS	JOHN DEERE RD	5.3 STREET ADDRESS	
20. CITY-ST-ZIP	MOLINE, IL 00000	5.4 CITY-ST-ZIP	
21. TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	ROBERTSON, JAMES S.	6.2 NAME	
23. STREET ADDRESS	3015-36TH STREET	6.3 STREET ADDRESS	
24. CITY-ST-ZIP	MOLINE IL	6.4 CITY-ST-ZIP	

SEE SCHEDULE ATTACHED

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *T.K. Jarrett* **T.K. JARRETT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0 8 11 1995
ASST. SECY.

CR2E034 (12/95)