2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001837

Entity Name: CASE NEW HOLLAND INC.

FILED Apr 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 700 STATE STREET RACINE, WI 53404 **Current Mailing Address: New Mailing Address:** C/O CNH TAX DEPT 700 STATE STREET RACINE, WI 53404 FEI Number: 39-1982756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BOYANOVSKY, HAROLD Name: Name: 700 STATE STREET Address: Address: City-St-Zip: RACINE, WI 53404 City-St-Zip: DIR Title: Title: () Delete (X) Change () Addition MCDOUGAL, RUBIN Name: LECOMTE, MICHEL Name: 700 STATE STREET 700 STATE STREET Address: Address: RACINE, WI 53404 RACINE, WI 53404 City-St-Zip: City-St-Zip: Title: (X) Change () Addition SEC () Delete Title: SEC KIRBY, ROBERT GOING, MICHAEL Name: Name: 700 STATE STREET 700 STATE STREET Address: Address: City-St-Zip: RACINE, WI 53404 City-St-Zip: RACINE, WI 53404 Title: () Delete Title: () Change () Addition ROSSOTTO, CAMILLO Name: Name: Address: 700 STATE STREET Address: City-St-Zip: RACINE, WI 53404 City-St-Zip: Title: Title: () Delete CIO (X) Change () Addition LESKOWICZ, JOANNE Name: HOFFMAN, RICHARD Name: 700 STATE STREET Address: 700 STATE STREET Address: City-St-Zip: RACINE, WI 53404 City-St-Zip: RACINE, WI 53404 Title: () Delete Title: () Change () Addition COSTA, DONALD Name: Name: 700 STATE STREET Address: Address: City-St-Zip: City-St-Zip: RACINE, WI 53404

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONALD COSTA TO 04/25/2007