

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001837

FILED
Apr 28, 2009
Secretary of State

Entity Name: CASE NEW HOLLAND INC.

Current Principal Place of Business:

700 STATE STREET
RACINE, WI 53404

New Principal Place of Business:

Current Mailing Address:

C/O CNH TAX DEPT
700 STATE STREET
RACINE, WI 53404

New Mailing Address:

C/O CNH TAX DEPT
621 STATE STREET
RACINE, WI 53402

FEI Number: 39-1982756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: DIR () Delete
Name: BOYANOVSKY, HAROLD
Address: 700 STATE STREET
City-St-Zip: RACINE, WI 53404

Title: DIR () Delete
Name: MCDOUGAL, RUBIN
Address: 700 STATE STREET
City-St-Zip: RACINE, WI 53404

Title: SEC () Delete
Name: GOING, MICHAEL
Address: 700 STATE STREET
City-St-Zip: RACINE, WI 53404

Title: TRE () Delete
Name: ROSSOTTO, CAMILLO
Address: 700 STATE STREET
City-St-Zip: RACINE, WI 53404

Title: CIO () Delete
Name: GUERRIERI, GUIDO
Address: 700 STATE STREET
City-St-Zip: RACINE, WI 53404

Title: TO () Delete
Name: AIDE, RICK
Address: 700 STATE STREET
City-St-Zip: RACINE, WI 53404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRE (X) Change () Addition
Name: CASALINO, MARCO
Address: 700 STATE STREET
City-St-Zip: RACINE, WI 53404

Title: VP (X) Change () Addition
Name: WALL, MICHAEL
Address: 700 STATE STREET
City-St-Zip: RACINE, WI 53404

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICK AIDE

TO

04/28/2009

Electronic Signature of Signing Officer or Director

Date