

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003307

FILED
Mar 22, 2007
Secretary of State

Entity Name: JOHN DEERE CONSTRUCTION & FORESTRY COMPANY

Current Principal Place of Business:

ONE JOHN DEERE PLACE
MOLINE, IL 61265

New Principal Place of Business:

Current Mailing Address:

ONE JOHN DEERE PLACE
C/O DEERE & CO TAX DEPT
MOLINE, IL 61265

New Mailing Address:

FEI Number: 36-2673913 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: P/D () Delete
Name: ALLEN, SAMUEL R
Address: ONE JOHN DEERE PLACE
City-St-Zip: MOLINE, IL 61265

Title: V/D () Delete
Name: ANDERSON, JAMES D
Address: 1515 5TH AVE
City-St-Zip: MOLINE, IL 61265

Title: V/D () Delete
Name: BRIDGES, ROGER L
Address: 1515 5TH AVE
City-St-Zip: MOLINE, IL 61265

Title: V/D () Delete
Name: BROCK, BOBBY B
Address: 1515 5TH AVE
City-St-Zip: MOLINE, IL 61265

Title: AS () Delete
Name: JARRETT, THOMAS K
Address: ONE JOHN DEERE PLACE
City-St-Zip: MOLINE, IL 61265

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V/D (X) Change () Addition
Name: BROCK, BOBBY B
Address: 1515 5TH AVE
City-St-Zip: MOLINE, IL 61265

Title: V/D (X) Change () Addition
Name: SCHAFFTER, BARRY W
Address: 1515 5TH AVE
City-St-Zip: MOLINE, IL 61265

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

Title: T () Change (X) Addition
Name: MACK, MICHAEL J JR
Address: ONE JOHN DEERE PLACE
City-St-Zip: MOLINE, IL 61265

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS K. JARRETT

AS

03/22/2007

Electronic Signature of Signing Officer or Director

_____ Date