2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002670

Entity Name: JOHN DEERE AGRI SERVICES, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5500 TRILLIUM BLVD., STE. 101 (EC101B) HOFFMAN ESTATES, IL 60192				C/O DEERE & CO. TAX DEPT. ONE JOHN DEERE PLACE MOLINE, IL 61265			
Current Mailing Address:				New Mailing Address:			
5500 TRILLIUM BLVD., STE. 101 (EC101B) HOFFMAN ESTATES, IL 60192				C/O DEERE & CO. TAX DEPT ONE JOHN DEERE PLACE MOLINE, IL 61265			
FEI Number:	36-4295155	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1200 SOUT PLANTATION		ND ROAD US	ırpose o	f changing it	ts registered (office or registered agent, or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Ager	nt			Date	
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () GUINN, MAX A. ONE JOHN DEE MOLINE, IL 612			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () PARK, MICHAE 4140 114 ST. N URBANDALE, IA	W		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () JONES, MARY I ONE JOHN DEE MOLINE, IL 612	RE PLACE		Title: Name: Address: City-St-Zip:	S () JONES, MARY ONE JOHN DE MOLINE, IL 6	EERE PLACE	
Title: Name: Address: City-St-Zip:	T () DAVLIN, JAMES ONE JOHN DEE MOLINE, IL 612	RE PLACE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () BUCHAN, DEBR 3820 MANSELL ALPHARETTA, O	RD.,STE. 300		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GILBERT, JOHN PRAGER RING			Title: Name: Address: City-St-Zip:	AS () JARRETT, THO ONE JOHN DE MOLINE, IL 6	EERE PLACE	

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: THOMAS K. JARRETT AS 04/22/2009