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FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000004506 (9)

1. Corporation Name

FIATALLIS NORTH AMERICA, INC.

Principal Place of Business

245 E NORTH AVE
CAROL STREAM IL 60188
US

Mailing Address

C/O NEW HOLLAND NA INC
500 DILLER AVE - MS 335
NEW HOLLAND PA 17557
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1996

4. FEI Number

39-1158150

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T LARRABEE, BRUCE C ☒ DELETE

NAME
245 EAST NORTH AVE
STREET ADDRESS
CAROL STREAM IL
CITY-ST-ZIP

VCD CATONE, LUCIO A ☒ DELETE

NAME
245 EAST NORTH AVE
STREET ADDRESS
CAROL STREAM IL 60188
CITY-ST-ZIP

CEO CATONE, LUCIO A ☒ DELETE

NAME
245 EAST NORTH AVE
STREET ADDRESS
CAROL STREAM IL 60188
CITY-ST-ZIP

VD IODICE, RENATO ☐ DELETE

NAME
245 EAST NORTH AVE
STREET ADDRESS
CAROL STREAM IL 60188
CITY-ST-ZIP

D PEGG, DAVID N ☒ DELETE

NAME
245 EAST NORTH AVE
STREET ADDRESS
CAROL STREAM IL 60188
CITY-ST-ZIP

D FORNASARI, FRANCO ☐ DELETE

NAME
245 EAST NORTH AVE
STREET ADDRESS
CAROL STREAM IL
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer ☐ Change ☒ Addition

1.2 NAME William E. Henne
1.3 STREET ADDRESS 500 Diller Avenue
1.4 CITY-ST-ZIP New Holland, PA 17557

2.1 TITLE President/Director ☐ Change ☒ Addition

2.2 NAME James D. Gaeddert
2.3 STREET ADDRESS 245 East North Avenue
2.4 CITY-ST-ZIP Carol Stream, IL 60188

3.1 TITLE Secretary ☐ Change ☒ Addition

3.2 NAME James J. Kennedy
3.3 STREET ADDRESS 500 Diller Avenue
3.4 CITY-ST-ZIP New Holland, PA 17557

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Director ☐ Change ☒ Addition

5.2 NAME H. James Shaub
5.3 STREET ADDRESS 500 Diller Avenue
5.4 CITY-ST-ZIP New Holland, PA 17557

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 DANIEL G. OSTEN, ASST. TREASURER, 3/13/98 (717) 355-1404

CR2E034 (10/97)