Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90032 042 ***150.00

Mailing Address

C/O NEW HOLLAND NA INC

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600004506

1. Corporation Name

Principal Place of Business SAC E MODELL AVE

FIATALLIS NORTH AMERICA, INC.

CAROL STREAM IL 60188 US		500 DILLER AVE - MS 335 NEW HOLLAND PA 17557		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/03/1996			
		US					
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
-	ace of occarioss	26			39-1158150	Not	t Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Rec	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Bo
		28	- -1 -		Trust Fund Contribution		
23	Country	Zip	Country		8. This corporation owes the current ye	ear Intangible	
24	25 29 30		30		Personal Property Tax.	Yes	X №
24	9. Name and Address of Current				10. Name and Address of New Regis	tered Agent	
			81	Name			
C T CORPORATION SYSTEM			82	Chron	Address (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD			02	Sireer	Address (F.O. Dox Hamber is Not Acceptable)		
Plan	ITATION FL 33324		83				
			84	City		FL 85 Zip C	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was at	Jinorizea ov	tne corpo	corporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its appointment as reg	registered gistered
SIGNATURE		AIOTE	Dogiotared Age	nt ricenture r	equired when reinstating) D	ATE	
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13.	in synamor	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	T	DELETE	1,1 TITLE		ASSISTANT TREASURER	☐ Change	Addition
NAME	HENNE, WILLIAM E		1.2 NAME		Bruce C. LARRABLE		-
	500 DILLER AVENUE		1	T ADDRESS	245 EAST North Avenue		
STREET ADDRESS	SOO DIEEEN AVENUE		1,4 CITY-5		Carol Stream IL 60188		
CITY-ST-ZIP TITLE	NEW HOLLAND PA 17557 PD	☐ DELETE	2.1 TITLE	1+* ZIF	Caret 21184W 147 0010	☐ Change	Addition
	· -		2.2 NAME				į.
NAME	CALIFORNIA, CALO D			TADDRESS			
STREET ADDRESS	240 Biol Hollin Melloc						
CITY-ST-ZIP			2. 4 CITY- 3.1 TITLE	51-ZIP		☐ Change	☐ Addition
TITLE	S LEDWIEDY MEG !	betain	3.2 NAME			_ •	_
NAME	KENNEDY, JAES J			T ADDRESS			
STREET ADDRESS	OOD DIEEEN NEWSE						
CITY-ST-ZIP	NEW HOLLAND PA 17557	☐ DELETE	3.4. CITY- 4.1 TITLE	51-ZIP		☐ Change	☐ Addition
TITLE	VD		4,1 HILE 4, 2 NAME				
NAME	Iodice, renato 245 East North Ave			T ADDRESS			
STREET ADDRESS	CAROL STREAM IL 60188		4.4 CITY-				
CITY-ST-ZIP	D	☐ DELETE	5,1 TITLE	51- CIF		☐ Change	☐ Addition
	U		5.2 NAME				_
\	CHAIR HIAMES		3,2 (40-34)L				
NAME	SHAUB, H JAMES		1	T ADDRESS			
NAME STREET ADDRESS	500 DILLER AVENUE		5.3 STREE				
NAME STREET ADDRESS CITY-ST-ZIP	500 DILLER AVENUE NEW HOLLAND PA 17557	**************************************	5.3 STREE 5.4 CITY-1	ST-ZIP	Diffector	☐ Change	Addition
NAME STREET ADDRESS	500 DILLER AVENUE	★ DELETE	5.3 STREE 5.4 CITY-1	ST-ZIP	DIRECTOR ALLEN R. RIDER 500 Diller AVENUE	☐ Change	Addition

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, with all other like empowered.

17557

New Holland, PA

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 245 EAST NORTH AVE

CAROL STREAM IL