

2000 UNIFORM BUSINESS REPORT (UBR)

Wf2

DOCUMENT # F96000004506

1. Entity Name
FIATALLIS NORTH AMERICA, INC.

FILED

00 SEP 12 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

2. Principal Place of Business

3. Mailing Address
TAX DEPARTMENT
Suite, Apt. #, etc.
700 STATE STREET

Suite, Apt. #, etc.

City & State

City & State
RACINE, WI

Zip

Country

Zip

53404

Country

4. FEI Number 39-1158150

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT LARROBEE, BRUCE C 245 E. NORTH AVE. CAROL SHEAM IL 60188	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GAEDDERT, JAES D 245 EAST NORTH AVENUE CAROL STREAM IL 60188	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KENNEDY, JAES J 500 DILLER AVENUE NEW HOLLAND PA 17557	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD IODICE, RENATO 245 EAST NORTH AVE CAROL STREAM IL 60188	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAUB, H JAMES 500 DILLER AVENUE NEW HOLLAND PA 17557	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIDER, ALLEN R 500 DILLAR AVE NEW HOLLAND PA 17557	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT ZECCHINI, ENRICO 375 PARK AVE. SUITE 2703 NEW YORK, NY 10152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D VELLANO, VITTORIO 950 GREAT WEST ROAD BRENTFORD, MIDDLESEX TW8 9ES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SERINE, CELIA D. 500 DILLER AVE. NEW HOLLAND, PA 17557	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DORIA, BRUNO 950 GREAT WEST ROAD BRENTFORD, MIDDLESEX TW8 9ES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental reports 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 11 or Block 12 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

THOMAS J. STANCZYK

07/31/00

(262) 636-5081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

KE

Attachment Doc-# 262
F96000004506
19852
CNH

August 1, 2000

Uniform Business Report
Division of Corporations
P.O.Box 1500
Tallahassee, FL 32302-1500

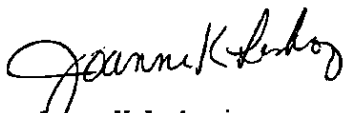
Re: 2000 Uniform Business Report for Fiatallis North America, Inc.
FEI Number: 39-1158150

Dear Sir or Madam:

Due to a recent merger, we did not receive the 2000 Uniform Business Report due on the 1st of May. Therefore, we were unable to file the report on time. We respectfully request a waiver of the penalty imposed. We have corrected our mailing address on the report attached.

Please contact me at (262) 636-7250 with any questions regarding this matter.

Regards,



Joanne K. Leskowitz
Tax Director

CNH Global N.V.

Administrative Offices
700 State Street
Racine, WI 53404 USA