

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90396 032 \*\*\*150.00

CR2E034 AT

**DOCUMENT # F96000004506**

1. Entity Name

**FIATALLIS NORTH AMERICA, INC.**

Principal Place of Business

**245 E NORTH AVE  
 CAROL STREAM IL 60188  
 US**

Mailing Address

**TAX DEPARTMENT  
 700 STATE STREET  
 RACINE WI 53404  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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 **AT** ☐ Delete  
 NAME **ZECCHINI, ENRICO**  
 STREET ADDRESS **375 PARK AVE., SUITE 2703**  
 CITY-ST-ZIP **NEW YORK NY 10152**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TO** ☒ Delete  
 NAME **STANCZYK, THOMAS J**  
 STREET ADDRESS **100 S. SAUNDERS ROAD**  
 CITY-ST-ZIP **LAKE FOREST IL 60045**

TITLE **Tax Officer (TO)** ☐ Change ☒ Addition  
 NAME **LESKOWICZ, JOANNE**  
 STREET ADDRESS **700 STATE STREET**  
 CITY-ST-ZIP **RACINE, WI 53404**

TITLE **S** ☒ Delete  
 NAME **SERINE, CELIA D**  
 STREET ADDRESS **500 DILLER AVENUE**  
 CITY-ST-ZIP **NEW HOLLAND PA 17557**

TITLE **SECRETARY (S)** ☐ Change ☒ Addition  
 NAME **KUPER, DEBRA E**  
 STREET ADDRESS **700 STATE STREET**  
 CITY-ST-ZIP **RACINE, WI 53404**

TITLE **D** ☐ Delete  
 NAME **DORIA, BRUNO**  
 STREET ADDRESS **950 GREAT WEST ROAD**  
 CITY-ST-ZIP **BRENTFORD, MIDDLESEX TW8 9ES**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete  
 NAME **SHAUB, H JAMES**  
 STREET ADDRESS **500 DILLER AVENUE**  
 CITY-ST-ZIP **NEW HOLLAND PA 17557**

TITLE **VICE PRESIDENT AND TREASURER (VT)** ☐ Change ☒ Addition  
 NAME **FERNANDEZ, ALBERTO**  
 STREET ADDRESS **700 STATE STREET**  
 CITY-ST-ZIP **RACINE, WI 53404**

TITLE **D** ☐ Delete  
 NAME **RIDER, ALLEN R**  
 STREET ADDRESS **500 DILLAR AVE**  
 CITY-ST-ZIP **NEW HOLLAND PA 17557**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED TAX OFFICER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/02 263-636-6862**  
 Date Daytime Phone #

CR2E034 (9/01)

Attachment

DOC# F96000004506  
75322

Directors, Officers Report

Fiatallis North America, Inc.

Monday, January 28, 2002

DIRECTORS

Bruno Doria  
Primary Address: Director  
950 Great West Road  
Brentford, Middlesex TW8 9ES

Fausto Lanfranco  
Primary Address: Director  
Strada Settimo  
10100 S. Mauro  
Torino Italy

Agostino Melani  
Primary Address: Director  
245 East North Avenue  
Carol Stream, IL 60188

Allen R. Rider  
Primary Address: Director  
500 Diller Ave.  
New Holland, PA 17557

Daniele G. Rulli  
Primary Address: Director  
CNH Global N.V.  
Global Management Offices  
100 South Saunders Road  
Lake Forest, IL 60045

OFFICERS

Agostino Melani  
Primary Address: Chairman of the Board  
245 East North Avenue  
Carol Stream, IL 60188

Alberto Fornaro  
Primary Address: Vice President and Treasurer  
None given

Debra E Kuper  
Primary Address: Secretary  
CNH Global N.V.  
Global Management Offices  
100 South Saunders Road  
Lake Forest, IL 60045

Dudley H. Feltham  
Primary Address: Assistant Secretary  
500 Diller Ave.  
New Holland, PA 17557

Paolo Castagna  
Primary Address: Assistant Treasurer  
CNH Global N.V.  
Global Management Offices  
100 South Saunders Road  
Lake Forest, IL 60045

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Fiatallis North America, Inc.

Enrico Zecchini

Assistant Treasurer

Primary Address:

375 Park Avenue  
Suite 2703  
New York, NY 10152

Donald R. Costa

Tax Officer

Primary Address:

Case Corporation  
700 State Street  
Racine, WI 53404

Joanne K. Leskiewicz

Tax Officer

Primary Address:

Case Corporation  
700 State Street  
Racine, WI 53404