2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# M03000002446

Entity Name: CNH AMERICA LLC

Current Principal Place of Business:

700 STATE ST
RACINE, WI 53404

New Principal Place of Business:

Current Mailing Address:

C/O CNH TAX DEPT
700 STATE ST
RACINE, WI 53404

New Mailing Address:

C/O CNH TAX DEPT
621 STATE ST
RACINE, WI 53402

FEI Number: 76-0433811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	CASE NEW HOLLAND INC.	
Address:	700 STATE STREET	
City-St-Zip:	RACINE, WI 53404	
Title:	MGR	( ) Delete
Name:	BOYANOVSKY, HAROLD	
Address:	700 STATE STREET	
City-St-Zip:	RACINE, WI 53404	
Title:	MGR	( ) Delete
Name:	MCDOUGAL, RUBIN	
Address:	700 STATE STREET	
City-St-Zip:	RACINE, WI 53404	
Title:	MGR	( ) Delete
Name:	ROSSOTTO, CAMILLO	
Address:	700 STATE STREET	
City-St-Zip:	RACINE, WI 53404	
Title:	MGR	( ) Delete
Name:	GUERRIERI, GUIDO	
Address:	700 STATE STREET	
City-St-Zip:	RACINE, WI 53404	
Title:	MGR	( ) Delete
Name:	AIDE, RICK	
Address:	700 STATE STREET	
City-St-Zip:	RACINE, WI 53404	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	CASALINO, MARCO	
Address:	700 STATE STREET	
City-St-Zip:	RACINE, WI 53404	
Title:	MGR	(X) Change ( ) Addition
Name:	WALL, MICHAEL	
Address:	700 STATE STREET	
City-St-Zip:	RACINE, WI 53404	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICK AIDE MGR 04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date