

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M96000000173

FILED
Apr 28, 2009
Secretary of State

Entity Name: NEW HOLLAND CREDIT COMPANY, LLC

Current Principal Place of Business:

6900 VETERANS BLVD.
BURR RIDGE, IL 60527 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 23-2844171

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: BIERMAN, STEVEN
Address: 6900 VETERANS BLVD
City-St-Zip: BURR RIDGE, IL 60527

Title: MGRM () Delete
Name: ROSSOTTO, CAMILLO
Address: 6900 VETERANS BLVD
City-St-Zip: BURR RIDGE, IL 60527

Title: MGR () Delete
Name: WALL, MICHAEL
Address: 6900 VETERANS BLVD
City-St-Zip: BURR RIDGE, IL 60527

Title: MGR () Delete
Name: KIRBY, ROBERT
Address: 6900 VETERANS BLVD
City-St-Zip: BURR RIDGE, IL 60527

Title: MGR () Delete
Name: BECKMANN, THOMAS
Address: 6900 VETERANS BLVD
City-St-Zip: BURR RIDGE, IL 60527

Title: MGR () Delete
Name: AIDE, RICK
Address: 6900 VETERANS BLVD
City-St-Zip: BURR RIDGE, IL 60527

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ROCCHETTA, ODDONE INCISA
Address: 6900 VETERANS BLVD
City-St-Zip: BURR RIDGE, IL 60527

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: () 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