FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P08000** **(2)**

1. Corporation Name

DEERE MARKETING SERVICES, INC.

Principal Place of Business

%DEERE CO TAX DEPARTMENT
JOHN DEERE ROAD
MOLINE IL 61265

Mailing Address

%DEERE CO TAX DEPARTMENT
JOHN DEERE ROAD
MOLINE IL 61265

3. Date Incorporated or Qualified: **11/05/1985**

3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, State
28
Zip
29
Country
30

4. FEI Number: **36-3387700** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [illegible] NOTE: Registered Agent Signature required for mailing DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	BECHERER, HANS, W		1 NAME		
STREET ADDRESS	788-25TH AVE COURT		1 STREET ADDRESS		
CITY, ST, ZIP	MOLINE IL		1 CITY, ST, ZIP		
TITLE	S	☐ DELETE	2 TITLE		☐ Change ☐ Addition
NAME	COTTRELL, FRANK S.S		2 NAME		
STREET ADDRESS	2718 30TH ST CT		2 STREET ADDRESS		
CITY, ST, ZIP	MOLINE IL		2 CITY, ST, ZIP		
TITLE	V	☐ DELETE	3 TITLE		☐ Change ☐ Addition
NAME	CHRISTENSON, NEIL O.		3 NAME		
STREET ADDRESS	3706 - 39TH STREET COURT		3 STREET ADDRESS		
CITY, ST, ZIP	MOLINE IL		3 CITY, ST, ZIP	SEE SCHEDULE ATTACHED	
TITLE	V	☐ DELETE	4 TITLE		☐ Change ☐ Addition
NAME	ROSTVOLD, MARK C.		4 NAME		
STREET ADDRESS	#6 VELIE DRIVE		4 STREET ADDRESS		
CITY, ST, ZIP	MOLINE IL		4 CITY, ST, ZIP		
TITLE	VD	☐ DELETE	5 TITLE		☐ Change ☐ Addition
NAME	HARDIEK, BERNARD L		5 NAME		
STREET ADDRESS	3454 52 ST		5 STREET ADDRESS		
CITY, ST, ZIP	MOLINE IL		5 CITY, ST, ZIP		
TITLE	AS	☐ DELETE	6 TITLE		☐ Change ☐ Addition
NAME	JARRETT, THOMAS K.		6 NAME		
STREET ADDRESS	4022 E 61ST BLVD		6 STREET ADDRESS		
CITY, ST, ZIP	DAVENPORT IA		6 CITY, ST, ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: T Jarrett T.K JARRETT ASST. SEC. 08 FEB 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #