# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 07, 2005**
**Secretary of State**

DOCUMENT# P10069

**Entity Name:** DEERE CREDIT SERVICES, INC.

**Current Principal Place of Business:**

ONE JOHN DEERE PLACE
MOLINE, IL 61265 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE JOHN DEERE PLACE
DEERE & CO TAX DEPT
MOLINE, IL 61265 US

**New Mailing Address:**

**FEI Number: 36-3423266** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM
1200 S. 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete
Name: HESEMAN, JAMES R
Address: 6400 NW 86TH ST
City-St-Zip: JOHNSTON, IA 50131 US

Title: AT ( ) Delete
Name: WARREN, STEVEN E
Address: 6400 NW 86TH ST
City-St-Zip: JOHNSTON, IA 50131 US

Title: PD ( ) Delete
Name: VOLKERT, JON D
Address: 6400 NW 86TH ST
City-St-Zip: JOHNSTON, IA 50131 US

Title: AS ( ) Delete
Name: JARRETT, THOMAS K
Address: ONE JOHN DEERE PLACE
City-St-Zip: MOLINE, IL 61265 US

Title: S ( ) Delete
Name: BECHT, JAMES H
Address: ONE JOHN DEERE PLACE
City-St-Zip: MOLINE, IL 61265 US

Title: SVP ( ) Delete
Name: JONES, NATHAN J
Address: ONE JOHN DEERE PLACE
City-St-Zip: MOLINE, IL 61265 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SVP (X) Change ( ) Addition
Name: HESEMAN, JAMES R
Address: 6400 NW 86TH ST
City-St-Zip: JOHNSTON, IA 50131 US

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS K JARRETT AS 04/07/2005

Electronic Signature of Signing Officer or Director — Date