

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State
08-22-2000 90236 032 ***300.00

DOCUMENT # P11690

1. Entity Name
NEW HOLLAND NORTH AMERICA, INC.

Principal Place of Business
**500 DILLER AVENUE
TAX DEPT
NEW HOLLAND PA 17557**

Mailing Address
**500 DILLER AVENUE
TAX DEPT
NEW HOLLAND PA 17557**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
TAX DEPARTMENT
Suite, Apt. #, etc.
700 STATE STREET
City & State
RACINE, WI
Zip Country
53404



DO NOT WRITE IN THIS SPACE

4. FEI Number **38-2688619**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, J. J.	
STREET ADDRESS	500 DILLER AVE.	
CITY-ST-ZIP	NEW HOLLAND PA	
TITLE	P	<input type="checkbox"/> Delete
NAME	RIDER, AR	
STREET ADDRESS	500 DILLER AVE	
CITY-ST-ZIP	NEW HOLLAND PA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MITCHELL, J. B.	
STREET ADDRESS	500 DILLER AVE	
CITY-ST-ZIP	NEW HOLLAND PA	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	SHAUB, HARRY J.	
STREET ADDRESS	500 DILLER AVE	
CITY-ST-ZIP	NEW HOLLAND PA	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	REEVES, RM	
STREET ADDRESS	500 DILLER AVE.	
CITY-ST-ZIP	NEW HOLLAND PA	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	OSTIEN, DANIEL G	
STREET ADDRESS	500 DILLER AVENUE	
CITY-ST-ZIP	NEW HOLLAND PA 17557	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERINE, CELIA D.	
STREET ADDRESS	500 DILLER AVE.	
CITY-ST-ZIP	NEW HOLLAND, PA 15775	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELANI, AGOSTINO	
STREET ADDRESS	245, EAST NORTH AVENUE	
CITY-ST-ZIP	CAROL STREAM, IL 60188	
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZECCHINI, ENRICO	
STREET ADDRESS	375 PARK AVE. SUITE 2703	
CITY-ST-ZIP	NEW YORK, NY 10152	

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** **THOMAS J. STANCZYK** **07/31/00** **(262) 636-5081**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/00)

Attachment Doc #
P11690
A0074009



August 1, 2000

Uniform Business Report
Division of Corporations
P.O.Box 1500
Tallahassee, FL 32302-1500

Re: 2000 Uniform Business Report for New Holland North America, Inc.
FEI Number: 38-2688619

Dear Sir or Madam:

Due to a recent merger, we did not receive the 2000 Uniform Business Report due on the 1st of May. Therefore, we were unable to file the report on time. We respectfully request a waiver of the penalty imposed. We have corrected our mailing address on the report attached.

Please contact me at (262) 636-7250 with any questions regarding this matter.

Regards,

A handwritten signature in black ink, appearing to read 'Joanne K. Leskowitz', is written over the printed name.

Joanne K. Leskowitz
Tax Director

CNH Global N.V.

Administrative Offices
700 State Street
Racine, WI 53404 USA