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 # **P19653** **(5)**

1. Corporation Name

FARM PLAN CORPORATION

Principal Place of Business

% DEERE & CO TAX DEPT
JOHN DEERE ROAD
MOLINE IL 61265

Mailing Address

% DEERE & CO TAX DEPT
JOHN DEERE ROAD
MOLINE IL 61265

3. Date Incorporated or Qualified: **06/15/1988**

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: **36-2927535** ☐ 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 (Typed or printed name of person signing) (New Registered Agent's signature, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JARRETT, THOMAS K.		1.2 NAME		
STREET ADDRESS	4022 E 61ST BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT IA		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ORR, MICHAEL P.		2.2 NAME		
STREET ADDRESS	209 MCCLELLAN BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT IA		2.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, DAVID L.		3.2 NAME		
STREET ADDRESS	33 OAKBROOK DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BETTENDORF IA		3.4 CITY-ST-ZIP	SEE SCHEDULE ATTACHED	
TITLE	RT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JONES, NATHAN J		4.2 NAME		
STREET ADDRESS	4404 LORTON AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT IA		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTSON, JAMES S.		5.2 NAME		
STREET ADDRESS	3015-36TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	MOLINE IL		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LEROY, PIERRE E.		6.2 NAME		
STREET ADDRESS	9 WINDY PT		6.3 STREET ADDRESS		
CITY-ST-ZIP	ROCK ISLAND IL		6.4 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)(k), 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 08 FEB 1996

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

AS — Daytime Phone #