

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P39936 (0)

1. Corporation Name

FIAT FINANCE U.S.A., INC.



Principal Place of Business

375 PARK AVENUE, SUITE 2703
NEW YORK NY 10152

Mailing Address

220 FORD NEW HOLLAND, INC
500 DILLER AVE ATTN: TAX DEPT
NEW HOLLAND PA 17557
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/05/1992

3a. Date of Last Report
05/19/1995

4. FEI Number

22-3097876

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature typed or printed name of registered agent and title if applicable

(If Officer: Registered Agent signature implies, who is resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
CD	VELLANO, VITTORIO	375 PARK AVENUE	NEW YORK NY	<input checked="" type="checkbox"/>
PD	GIOVANNI, MAGGIORA	375 PARK AVE.	NEW YORK NY	<input type="checkbox"/>
SD	HRDLICKA, RICHARD	375 PARK AVENUE	NEW YORK NY	<input type="checkbox"/>
V	BORRESEN, A.J.	375 PARK AVE.	NEW YORK NY	<input type="checkbox"/>
T	COMINSKY, JEFFREY	375 PARK AVE.	NEW YORK NY	<input checked="" type="checkbox"/>
AVP	ROSSOTTO, CAMILLO	375 PARK AVENUE	NEW YORK NY	<input checked="" type="checkbox"/>

1	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
CD	FORNASARI, FRANCO	375 PARK AVENUE	NEW YORK NY 10152	<input type="checkbox"/>	
2	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
3	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
4	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
5	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
6	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. J. Borresen V.P. Taxation

4/11/96

(212) 207-0910

CR2E034 (12/95)