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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVIDED LAS COSSOCIATIONS

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	1990	DIMESON OF	F CORPORATION	242			
DOCUI	MENT # P399	36 (0)					
,	FINANCE U.S.A., INC.						
						A DIN HOU HOU DIN DIN	
Principal Place	e of Business	Mailing Address				( <b>0                                    </b>	
375 PARK AVENUE. SUITE 2703 NEW YORK NY 10152		220 FORD NEW HO	220 FORD NEW HOLLAND, INC 500 DILLER AVE ATTN: TAX DEPT NEW HOLLAND PA 17557 US				
		US			3. Date Incorporated or Qualified 08/05/1992	3a. Date of Las 05/19/	
2. Principal Pla 21	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	#. etc.	Suite, Apt #, etc.			22-3097876		Not Applicable
22		27			5. Certificate of Status Desired	1 1	75 Additional se Required
City & State	9	City & State	City & State		6. Election Campaign Financing	\$5	.00 May Be
23 Z <sub>1</sub> D	Country	<b>28</b>	Country		Trust Fund Contribution	Ad	ided to Fees
24	25 Coontry	29	Country 30		8. This comporation has liability for it Florida Statutes XY Yes		rs 199.032,
	9. Name and Address of Curre				10. Name and Address of New R		
2 7 00			81	Name			
	DRPORATION SYSTEM SOUTH PINE ISLAND ROAD		82	Street Add	dress (P.O. Box Number is Not Acceptabl	le)	
	ATION FL 33324		83	ļ			
1 24111	ATION I E GOOLY						
			84	City		F1 85	Zip Code
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Status	es, the above n	iamed corpo	oration submits this statement for the purp	ose of changing it	ts registered office
	ed agent, or both, in the State of Fion th, and accept the obligations of, Seci			oration's boa	cration scornits this statement for the purp and of directors. Thereby accept the appo	intment as register	red agent. I am
SIGNATURE _	Commence hand as mental game, where he was no	e en					
12.	Signature, typed or printed harve of requiresciagos: OFFICERS AN	DIRECTORS (NO	HE Registered Agost	I signature requir	ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TODE IN 12
Trile	CD	PELETE	1 1 TITLE		CD	CERS AND DIRECT	
NAME	VELLANO, VITTORIO		1.2 NAME		FORNASARI, FRANCO		<b></b>
STREET ADDRESS	375 PARK AVENUE		13 SFREET.	ADDRESS .	375 PARK AVENUE		
Crty-St-ZIP TillE	NEW YORK NY PD	C) District	1.4 CITY - ST		NEW YORK NY 10152		
NAME	GIOVANNI, MAGGIORA	☐ DELETE	2 111116			Chang	ge 🔲 Addition
S*REET ADDRESS	375 PARK AVE.		2.2 NAME	1000000			
CITY ST-ZIP	NEW YORK NY		2.3 STREET / 2.4 CHY+ST				
TITLE	SD	☐ DELETE	3 1 THE	-211		Chang	e 🗍 Addition
NAME	HRDLICKA, RICHARD		3 PAAMS				
STREET ADDRESS	375 PARK AVENUE		3 3 \$!REE!	ADDRESS			
CITY-ST-ZIP	NEW YORK NY		3.4 City - ST	-ZIP			
THLE	V PODDECEN A I	☐ DELETE	4. 1 TITLE			☐ Chang	e 🔲 Addition
NAME STOREL ANDRESS	Borresen, A.J. 375 Park ave.		4 2 NAME				
STREET ADDRESS	NEW YORK NY		4.3 STREET A				
CITY - ST - ZIF TITLE	T	<b>I</b> DELETE	5 1 HITLE	- ZIP	<del>-</del>	[ Change	ST Addition
NAME	COMINSKY, JEFFREY	in section	5 2 NAME	'	CACOPARDO, SAVERIO	Change	e 🔣 Addition
STREET ADDRESS	375 PARK AVE.		5.3 STREET A		375 PARK AVENUE		
CITY-ST-ZP	NEW YORK NY		5.4 CITY-SI	1	NEW YORK NY 10152		
TITLE	AVP	XI DELETE	6 1 TITLE		JEH IVINC III 4V15L	Change	e Addition
NAME	ROSSOTTO, CAMILLO		6.2 NAME				
STREET ADORESS	375 PARK AVENUE		63 STREET A	ADDRESS			
CITY-ST-ZIF	NEW YORK NY  / certify that the information supplied a		6.4 CITY - ST	· 7IP			
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Loo nereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida 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:

Mouse V.P. Taxatica

4/11/96

(212)207-0910

CR2E034 (12/95)