FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P39936

(0)

FIAT FINANCE U.S.A., INC.

Principal Place of Business Mailing Address FORD NEW HOLLAND. INC 500 DILLER AVE. ATTN: TAX DEPT NEW HOLLAND PA 17557 375 PARK AVENUE, SUITE 2703 NEW YORK NY 10152 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/05/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 22-3097876 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Country Zip Zio Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 85 Zip Code FI 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 little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE 1 1 TITLE Change Addition FRNASARI, FRANCO NAME 1.2 NAME 375 PARK AVENUE STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY** 1.4 CITY-ST-ZIP CITY-ST-ZIP PD X DELETE President/Director Change X Addition TITLE 2.1 TITLE GIOVANNI, MAGGIORA Camillo Rossotto NAME 2.2 NAME 375 PARK AVE. 375 Park Avenue STREET ADDRESS 23 STREET ADDRESS **NEW YORK NY** New York: NY 10152 CITY-ST-ZIP 2. 4 CiTY-ST-ZiP DELETE Change ☐ Addition TITLE 3.1 TITLE HRDLICKA, RICHARD NAME 3.2 NAME 375 PARK AVENUE 3.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 34. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 THLE Change Addition BORRESEN, A.J. NAME 4. 2 NAME 375 PARK AVE. STREET ADDRESS 4.3 STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change X Addition Treasurer TITLE 51 TITLE ZACCARIA, VITO NAME 5.2 NAME Andrea Varese 375 PARK AVE 5.3 STREET ADDRESS 375 Park Avenue STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 5.4 CITY-ST-ZIP New York, NY 10152 TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 annual report or suppliemental 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 of the receiver or trislee 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 affiress

SIGNATURE:

2.18 A8

42 6709 W

FILED

Mar 10 1998 8:00am

Secretary of State