2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002446

Entity Name: CNH INDUSTRIAL AMERICA LLC

Current Principal Place of Business:

700 STATE ST
RACINE, WI 53404

Current Mailing Address:

C/O CNH TAX DEPT
700 STATE ST
RACINE, WI 53404 US

FEI Number: 76-0433811

FILED
Mar 19, 2025
Secretary of State
5856270581CC

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	CASE NEW HOLLAND INC.
Address	700 STATE STREET
City-State-Zip:	RACINE WI 53404

Title	MGR
Name	ANDREA, PAULIS
Address	700 STATE STREET
City-State-Zip:	RACINE WI 53404

Title	MANAGER
Name	DELVAL, STEPHAN
Address	700 STATE ST
City-State-Zip:	RACINE WI 53404

Title	MANAGER
Name	DE_CHIARA, ALESSANDRO
Address	700 STATE ST
City-State-Zip:	RACINE WI 53404

Title	MGR
Name	LECHETA, LEANDRO
Address	700 STATE STREET
City-State-Zip:	RACINE WI 53404

Title	MGR
Name	KONRATH, RICHARD
Address	700 STATE ST
City-State-Zip:	RACINE WI 53404

Title	MANAGER
Name	NADHERNY, STEVEN T
Address	700 STATE ST
City-State-Zip:	RACINE WI 53404

Title	MANAGER
Name	CRACCO, TELMA CRISTINA
Address	700 STATE ST
City-State-Zip:	RACINE WI 53404

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACKIE DELEON MANAGER, 03/19/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	SCHROEDER, JAY
Address	700 STATE ST
City-State-Zip:	RACINE WI 53404

Title	MANAGER
Name	HAUPT, JOHN
Address	700 STATE ST
City-State-Zip:	RACINE WI 53404

Title	MANAGER
Name	FISTAROL, VILMAR DOMINGOS
Address	700 STATE ST
City-State-Zip:	RACINE WI 53404

Title	MANAGER
Name	CANALI, ALESSANDRO
Address	700 STATE ST
City-State-Zip:	RACINE WI 53404

Title	MANAGER
Name	DOLAN, TERRENCE
Address	700 STATE ST
City-State-Zip:	RACINE WI 53404

Title	MANAGER
Name	STURGES, EMILY
Address	700 STATE ST
City-State-Zip:	RACINE WI 53404

Title	MANAGER
Name	MACLEOD, DOUGLAS
Address	700 STATE ST
City-State-Zip:	RACINE WI 53404

Title	MANAGER
Name	NOGUEIRA, JOSE HEITOR
Address	700 STATE ST
City-State-Zip:	RACINE WI 53404

Title	MANAGER
Name	SHUMAN, ERIC
Address	700 STATE ST
City-State-Zip:	RACINE WI 53404

Title	MANAGER
Name	COFFEY, KURT L.
Address	700 STATE ST
City-State-Zip:	RACINE WI 53404

Title	MANAGER
Name	KRUEGER, BRUCE
Address	700 STATE ST
City-State-Zip:	RACINE WI 53404

Title	TAX OFFICER
Name	DELEON, JACKIE L
Address	700 STATE STREET
City-State-Zip:	RACINE WI 53404