2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2016
Secretary of State
CC5364972498

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Entity Name: CNH INDUSTRIAL CAPITAL AMERICA LLC

Current Principal Place of Business:

6900 VETERANS BLVD.
BURR RIDGE, IL 60527

Current Mailing Address:

CNH TAX DEPT
621 STATE STREET
RACINE, WI 53402

FEI Number: 76-0394710

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	MGR
Name	MARINARO, JAMES
Address	6900 VETERANS BLVD
City-State-Zip:	BURR RIDGE IL 60527

Title	MGR
Name	AIDE, RICK
Address	6900 VETERANS BLVD
City-State-Zip:	BURR RIDGE IL 60527

Title	MGR
Name	MATHISON, ERIC N
Address	6900 VETERANS BLVD.
City-State-Zip:	BURR RIDGE IL 60527

Title	MGR
Name	DAVIS, BRETT D
Address	6900 VETERANS BLVD.
City-State-Zip:	BURR RIDGE IL 60527

Title	MGRM
Name	PAULIS, ANDREA
Address	6900 VETERANS BLVD
City-State-Zip:	BURR RIDGE IL 60527

Title	MGR
Name	MACLEOD, DOUGLAS
Address	6900 VETERANS BLVD.
City-State-Zip:	BURR RIDGE IL 60527

Title	MGR
Name	BECKMANN, THOMAS N
Address	6900 VETERANS BLVD.
City-State-Zip:	BURR RIDGE IL 60527

Title	MGR
Name	KOCHEVAN, MICHELE N
Address	6900 VETERANS BLVD.
City-State-Zip:	BURR RIDGE IL 60527

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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: RICK AIDE TAX OFFICER 02/29/2016

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

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	DELVAL, STEPHAN
Address	6900 VETERANS BLVD.
City-State-Zip:	BURR RIDGE IL 60527