

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004653

Entity Name: CNH INDUSTRIAL CAPITAL AMERICA LLC**Current Principal Place of Business:**700 STATE STREET
RACINE, WI 53404**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 MGRM
Name PAULIS, ANDREA
Address 700 STATE STREET
City-State-Zip: RACINE WI 53404

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

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

Title MGR
Name MATHISON, ERIC N
Address 700 STATE STREET
City-State-Zip: RACINE WI 53404

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

Title MGR
Name DAVIS, BRETT D
Address 700 STATE STREET
City-State-Zip: RACINE WI 53404

Title MGR
Name MARIANI, THOMAS N
Address 700 STATE STREET
City-State-Zip: RACINE WI 53404

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

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****04/17/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date