

2021 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 H.
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	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

Title	MGRM
Name	CARLO ALBERTO, SISTO
Address	700 STATE STREET
City-State-Zip:	RACINE WI 53404

Title	MANAGER
Name	GALLION, WENDY
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 H. AIDE**TAX OFFICER****04/08/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date