



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 42400		2. Name of Corporation INTERNATIONAL HARVESTER COMPANY			
3. Street Address Principal Business Office 700 STATE STREET		City RACINE	State WI	Zip 53404	
4. Business Phone No. 2626365081		5. State of Incorporation DELAWARE			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island <b>INACTIVE</b>					
<b>NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT ( ) FILE IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name MICHEL LECOMTE			Vice President Name ALBERTO FORNARO		
Street Address 100 SOUTH SAUNDERS ROAD			Street Address 100 SOUTH SAUNDERS ROAD		
City LAKE FOREST	State IL	Zip 60045	City LAKE FOREST	State IL	Zip 60045
Secretary Name DONALD COSTA			Treasurer Name JOANNE LESKOWICZ		
Street Address 700 STATE STREET			Street Address 700 STATE STREET		
City RACINE	State WI	Zip 53404	City RACINE	State WI	Zip 53404
<b>NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT ( ) FILE IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name MICHEL LECOMTE			Director Name .		
Street Address 100 SOUTH SAUNDERS ROAD			Street Address .		
City LAKE FOREST	State IL	Zip 60045	City .	State .	Zip .
Director Name .			Director Name .		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
<b>10. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT ( ) 11. SHARES ISSUED (X) BOX FOR ATTACHMENT ( )</b>					
<b>AUTHORIZED SHARES</b>			<b>ISSUED SHARES</b>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM	\$10.00 PAR VALUE		100	COMM	\$10.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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\*42400 FBC 01/17/05 02:53:39 PM\*

File Date 2-9-05

Check No. 1201575

By: KTR

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Donald R. Costa Date 1/28/05

Print or Type Name of Officer  
Donald R. Costa

Title of Officer  
Tax Officer

Form 630 12/01

## **International Harvester Company**

as of January 1, 2004

### **DIRECTORS**

<b>Michel Lecomte</b> 100 South Saunders Road Lake Forest, IL 60045	<b>Director</b>
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### **OFFICERS**

<b>Michel Lecomte</b> 100 South Saunders Road Lake Forest, IL 60045	<b>President</b>
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<b>Alberto Fornaro</b> 100 South Saunders Road Lake Forest, IL 60045	<b>Vice President and Treasurer</b>
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<b>Donald Costa</b> 700 State Street Racine, WI 53404	<b>Tax Officer</b>
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<b>Joanne Leskowicz</b> 700 State Street Racine, WI 53404	<b>Tax Officer</b>
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