



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
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. **(262) 636-0837** 5. State of Incorporation **DELAWARE** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island

Inactive

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Michel Lecomte	Vice President Name Alberto Fornaro
Street Address 100 S Saunders Rd. Opus Landmark Building	Street Address 100 S Saunders Rd. Opus Landmark Building
City State Zip Lake Forest IL 60045	City State Zip Lake Forest IL 60045
Secretary Name Debra E. Kuper	Treasurer Name Alberto Fornaro
Street Address 100 S Saunders Rd. Opus Landmark Building	Street Address 100 S Saunders Rd. Opus Landmark Building
City State Zip Lake Forest IL 60045	City State Zip Lake Forest IL 60045

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Michel Lecomte	Director Name
Street Address 100 S Saunders Rd. Opus Landmark Buld.	Street Address
City State Zip Lake Forest IL 60045	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	\$10.00

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	\$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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3-15-01

File Date: _____

Check No.: 1071488

By: [Signature]

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.

Marsha J Eberhardt 3/06/01
Signature of Officer Date

Marsha J Eberhardt
Print or Type Name of Officer

Assistant Secretary