



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-133
401-222-304



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
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) 636-7069** 5. State of Incorporation **DELAWARE** 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island **Inactive**

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

President Name **Theodore R. French** Vice President Name **John E. Evard, JR.**
Street Address **700 State Street** Street Address **700 State Street**
City **Racine** State **WI** Zip **53404** City **Racine** State **WI** Zip **53404**
Secretary Name **Kevin J. Hallagan** Treasurer Name **Peter Hong**
Street Address **700 State Street** Street Address **700 State Street**
City **Racine** State **WI** Zip **53404** City **Racine** State **WI** Zip **53404**

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

Director Name **Theodore R. French** Director Name
Street Address **700 State Street** Street Address
City **Racine** State **WI** Zip **53404** City
Director Name
Street Address
City
Director Name
Street Address
City

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

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

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
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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File Date: _____
Check No.: _____
By: _____
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.

John E. Evard, Jr.
Signature of Officer _____ Date **02/02/2000**
John E. Evard, JR.
Print or Type Name of Officer
Vice President

International Harvester Company

Primary Address: Case Corporation
700 State Street
Racine, Wisconsin 53404