



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 Amended
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

 RECEIVED
 SECRETARY OF STATE
 2018 MAY 31 PM 1:11
 CORPORATIONS DIV.

1. Entity ID Number 000023482		2. Exact name of the Corporation DIEBOLD GLOBAL FINANCE CORPORATION			
3. Principal Office Address 5995 MAYFAIR RD			City NORTH CANTON	State OH	Zip 44720
4. NAICS Code 811212		6. Brief description of the character of business conducted in Rhode Island LEASING OF FINANCIAL EQUIPMENT			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JULIE FIELD			Vice-President Name JONATHAN B. LEIKEN		
Street Address 5995 MAYFAIR RD			Street Address 5995 MAYFAIR RD		
City NORTH CANTON	State OH	Zip 44720	City NORTH CANTON	State OH	Zip 44720
Secretary Name JONATHAN B. LEIKEN			Treasurer Name DAVID KUHL		
Street Address 5995 MAYFAIR RD			Street Address 5995 MAYFAIR RD		
City NORTH CANTON	State OH	Zip 44720	City NORTH CANTON	State OH	Zip 44720
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JONATHAN B. LEIKEN			Director Name DAVID KUHL		
Street Address 5995 MAYFAIR RD			Street Address 5995 MAYFAIR RD		
City NORTH CANTON	State OH	Zip 44720	City NORTH CANTON	State OH	Zip 44720
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This Information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			common		
			0.01		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative Jonathan Leiken					Date 5/15/18
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

MAIL TO:

 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

 MAY 31 2018
 BY A.A. 12:11 PM



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

May 31, 2018 12:11 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

