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
CORPORATIONS DIV
2018 MAY 31 PM 12:11

1. Entity ID Number	2. Exact name of the Corporation
000023482	DIEBOLD GLOBAL FINANCE CORPORATION

3. Principal Office Address	City	State	Zip
5995 MAYFAIR RD	NORTH CANTON	OH	44720

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811212	LEASING OF FINANCIAL EQUIPMENT
5. State of Incorporation: DE	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000	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	Date
Jonathan Leiken	5/15/18

Signature of Authorized Representative

SIGN DOCUMENT FLAT

FILED

MAY 31 2018

BY A.A. 12:11p.m.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017