

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90056 018 \*\*\*158.75

**DOCUMENT # F00000002889**

1. Entity Name  
**CATERPILLAR LOGISTICS SERVICES, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>ROUTE 29 AT RECHVILLE ROAD<br/>         P.O. BOX 610<br/>         MOSSVILLE IL 61552</b> | Mailing Address<br><b>ROUTE 29 AT RECHVILLE ROAD<br/>         P.O. BOX 610<br/>         MOSSVILLE IL 61552</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |  |                |
|--------------------------------|---------|---------------------|---------|--|----------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>37-1209077</b>  | Applied For    |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |  | Not Applicable |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                |
| Zip                            | Country | Zip                 | Country |  |                |

|   |  |  |  |  |  |    |          |
|---|--|--|--|--|--|----|----------|
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent        |  |  |    |          |
| <b>C T CORPORATION SYSTEM<br/>         1200 SOUTH PINE ISLAND ROAD<br/>         PLANTATION FL 33324</b> |  |  | Name   |  |  |    |          |
|   |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |    |          |
|   |  |  | City   |  |  | FL | Zip Code |
|   |  |  |  |  |  |    |          |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |   |  |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>C</b><br><b>WUNNING, S.H.</b><br><b>100 NE ADAMS</b><br><b>PEORIA IL 61629</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>SPRINGER, W.F.</b><br><b>100 NE ADAMS</b><br><b>PEORIA IL 61629</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>CUNNINGHAM, M.L.</b><br><b>100 NE ADAMS</b><br><b>PEORIA IL 61629</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>ECKLUND, D.K.</b><br><b>100 NE ADAMS</b><br><b>PEORIA IL 61629</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VT</b><br><b>HOFFMAN, D.L.</b><br><b>100 NE ADAMS</b><br><b>PEORIA IL 61629</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>IVASKA, J.S.</b><br><b>100 NE ADAMS</b><br><b>PEORIA IL 61629</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: T.M. Kinskey **T.M. Kinskey** **4/10/01** **(309) 578-1587**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)