

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002889

FILED  
Jan 17, 2006  
Secretary of State

Entity Name: CATERPILLAR LOGISTICS SERVICES, INC.

**Current Principal Place of Business:**

CATERPILLAR INC  
100 NE ADAMS STREET MT125  
PEORIA, IL 61629 US

**New Principal Place of Business:**

**Current Mailing Address:**

CATERPILLAR INC  
100 NE ADAMS STREET MT125  
PEORIA, IL 61629 US

**New Mailing Address:**

FEI Number: 37-1209077      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CPD ( ) Delete  
Name: BELL, MARY H  
Address: 100 NE ADAMS ST  
City-St-Zip: PEORIA, IL 61629

Title: VP ( ) Delete  
Name: HEUN, SUSAN I  
Address: 100 NE ADAMS ST  
City-St-Zip: PEORIA, IL 61629

Title: VP ( ) Delete  
Name: AMES, HENRY T  
Address: 100 NE ADAMS ST  
City-St-Zip: PEORIA, IL 61629

Title: T ( ) Delete  
Name: SWEIKERT, ROBERT A  
Address: 100 NE ADAMS ST  
City-St-Zip: PEORIA, IL 61629

Title: D ( ) Delete  
Name: WUNNING, STEVEN H  
Address: 100 NE ADAMS ST  
City-St-Zip: PEORIA, IL 61629

Title: AS ( ) Delete  
Name: HUXTABLE, LAURIE J  
Address: 100 NE ADAMS ST  
City-St-Zip: PEORIA, IL 61629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: SPELLMAN, DANIEL E  
Address: 100 NE ADAMS ST  
City-St-Zip: PEORIA, IL 61629

Title: VP (X) Change ( ) Addition  
Name: HOFFMAN, DAVID L  
Address: 100 NE ADAMS ST  
City-St-Zip: PEORIA, IL 61629

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE J. HUXTABLE

AS

01/17/2006

Electronic Signature of Signing Officer or Director

Date