2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OB FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 06, 2002 8:00 am Secretary of State DOCUMENT # F01000000180 1. Entity Name 03-06-2002 90056 030 ***150.00 CATERPILLAR REDISTRIBUTION SERVICES INC. Mailing Address Principal Place of Business 2120 WEST END AVENUE 2120 WEST END AVENUE NASHVILLE TN 37203 NASHVILLE TN 37203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 33-0361112 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent .C-T-CORPORATION-SYSTEM= Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City FL 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Addition **X** Delete TITLE Change TITLE Paul G. Kwollmaier NAME NAME ROMANO, RAYMOND J 2120 West Chd Avenue STREET ADDRESS STREET ADDRESS 2120 WEST END AVENUE CITY-ST-ZIP CITY-ST-7IP **NASHVILLE TN 37203** ☐ Addition ☐ Delete TITLE TITLE NAME NAME MCCORMACK, RICHARD L STREET ADDRESS STREFT ADDRESS 2120 WEST END AVENUE CITY-ST-ZIP CITY-ST-ZIP **NASHVILLE TN 37203** ☐ Change Addition TITLE ☐ Delete TITLE NAME AME ASTOLFI, ROBERT A STREET ADDRESS STREET ADDRESS 2120 WEST END AVENUE CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37203 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME GAETO, PAUL J STREET ADDRESS STREET ADDRESS 2120 WEST END AVENUE CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37203 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME BERAN, ROBIN D STREET ADDRESS STREET ADDRESS 2120 WEST END AVENUE CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37203 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BEARD, JAMES S STREET ADDRESS STREET ADDRESS 2120 WEST END AVENUE CITY-ST-7IP CITY-ST-ZIP NASHVILLE TN 37203 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

FILED