FILED Feb 11, 2005 8:00 am Secretary of State 02-11-2005 90044 035 ***150.00

| 2005 FOR PROFIT CORPORATION ANNUAL REPORT | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| DOCUMENT # F0100000180 1. Entity Name CATERPILLAR REDISTRIBUTION SERVICES INC. | | | | | | | | |
| | | | | | | | | |

| 1. Entity Name | | ERVICES INC. | | | | 02. | 1 2003 70 | | . 150 | .00 |
|---|--|---|-----------------------------------|---|--------------------------------|---|---|--|--|--|
| Principal Place | e of Business | Mailing Address | L | | | | | | | |
| 2120 WEST E NASHVILLE, 1 | | 2120 WEST END AVENUI NASHVILLE, TN 37203 | E | | | 4 1881/28 MM 88/00 M2/0 | BB## 88## 68## 6 | 5 | 0013 | 867 |
| 2. Principal Pi | lace of Business | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 01122005 Ch | g-P | CR2E034 | 4 (10/03) | | |
| City & State | e | City & State | | | | 4. FEI Number 33-0361112 | | | . —— | plied For t Applicable |
| Zip | Country | Zip | Count | Try | | 5. Certificate of Statu | | _ ⊢ Fe | 8.75 Add | |
| | 6. Name and Address of Current I | Registered Agent | | Name | | 7. Name and Addres | 3 of New Rec | istered Ag | ent- | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET | | • | | tress (F | P.O. Box Number is Not | Acceptable) | | ······································ | | |
| TALLAMAS | SSEE, FL 32301 | ' | | City | | | | | Zip Code | |
| | | | | • | | | | FL | <u> </u> | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | |
| SIGNATURE. | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE: | Registered | d Agent signature | required | when reinstating) | | DATE | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0 | 9. Election Campaig Trust Fund Contrib | | icing . | | 00 May Be ed to Fees | | | | ì |
| 10. | OFFICERS AND | DIRECTORS | 11. | | | ADDITIONS/CHANG | ES TO OFFIC | ERS AND D | DIRECTORS | 3 IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KNOLLMAIER, PAUL G 2120 WEST END AVENUE NASHVILLE, TN 37203 | ☐ Delete | | | | | | 1 | □ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SPRINGER, KEN 2120 WEST END AVENUE NASHVILLE, TN 37203 | ⊠ Delete | | ET ADDRESS | Dia. 2120 | suzer Je Rezaii Je West END A- HVille, TN 3 | клье 37203 | ; | 폰 Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S THOMPSON, CLAY 2120 WEST END AVENUE NASHVILLE, TN 37203 | Delete | | E | Mid | etary hael G. Spood West End Ave nville, TN 373 | toe 103 | 1 | ☐ Change | ⊠ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT BERAN, ROBIN D 100 NE ADAMS ST. PEORIA, IL 62629 | ☐ Oelete | | l. | | | | 1 | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BEARD, JAMES S 2120 WEST END AVENUE NASHVILLE, TN 37203 | ☐ Delete | | | | | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LONGBOTTOM, RICAHARD 2120 WEST END AVENUE NASHVILLE, TN 37203 | ☐ Delete | 4 | 1 | | | | | Change | Addition |
| indicated of the cor | certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, v | true and accurate and that my | the exer y signat is requir | mption state ture shall hav red by Chap | d in Se ve the s ter 607 | ction 119.07(3)(i), Florid same legal effect as if n r, Florida Statutes; and f | da Statutes. I f nade under oa that my name | further certif ath; that I an appears in | fy that the in n an officer Block 10 o | nformation or director r Block 11 if |

RICHARD LON SOOH OF 2/8/05 (4684) - 100 3