

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90174 020 \*\*\*150.00

0551130

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P10071**  
 1. Corporation Name  
**CATERPILLAR INC.**

Principal Place of Business 100 N.E. ADAMS STREET PEORIA IL 61629-7310 US	Mailing Address 100 N.E. ADAMS STREET PEORIA IL 61629-7310 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
---	--

3. Date Incorporated or Qualified <b>05/12/1986</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>37-0602744</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**8751 WEST BROWARD BLVD.**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AFFINITO, LILYAN, H</b>	1.2 NAME	
STREET ADDRESS	<b>599 LEXINGTON AVE, 23RD FLOOR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FONDAHL, JOHN W.</b>	2.2 NAME	
STREET ADDRESS	<b>12810 VISCAINO ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOS ALTOS HILLS CA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOODE, DAVID R</b>	3.2 NAME	
STREET ADDRESS	<b>THREE COMMERCIAL PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORFOLK VA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>FITES, DONALD W</del> <b>BARTON, GLEN A.</b>	4.2 NAME	
STREET ADDRESS	<b>100 NE ADAMS ST</b>	4.3 STREET ADDRESS	<b>100 NE ADAMS ST.</b>
CITY-ST-ZIP	<b>PEORIA IL</b>	4.4 CITY-ST-ZIP	<b>PEORIA, IL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORTER, JAMES P.</b>	5.2 NAME	
STREET ADDRESS	<b>200 W. MADISON, ST 3510</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOUNT, W. F</b>	6.2 NAME	
STREET ADDRESS	<b>LEVEL 15,231 ELIZABETH ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SYDNEY NS</b>	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)