

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90036 042 ***150.00

DOCUMENT # P10071

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

37-0602744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Rd.

City
Plantation

FL

Zip Code
33324

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **AFFINITO, LILYAN H**
 STREET ADDRESS **599 LEXINGTON AVE, 23RD FLOOR**
 CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ Delete
 NAME **GOODE, DAVID R**
 STREET ADDRESS **THREE COMMERCIAL PLACE**
 CITY-ST-ZIP **NORFOLK VA**

TITLE **DC** ☐ Delete
 NAME **BARTON, GLEN A**
 STREET ADDRESS **100 NE ADAMS STREET**
 CITY-ST-ZIP **PEORIA IL**

TITLE **D** ☐ Delete
 NAME **GORTER, JAMES P**
 STREET ADDRESS **200 W.MADISON,ST 3510**
 CITY-ST-ZIP **CHICAGO IL**

TITLE **D** ☐ Delete
 NAME **GORTER, JAMES P**
 STREET ADDRESS **200 W. MADISON, ST 3510**
 CITY-ST-ZIP **CHICAGO IL**

TITLE **D** ☐ Delete
 NAME **BLOUNT, W. F**
 STREET ADDRESS **LEVEL 15,231 ELIZABETH ST.**
 CITY-ST-ZIP **SYDNEY NS**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **SEE ATTACHED LISTINGS**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *James P. Gorter* **James P. Gorter**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)