2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10071

Entity Name: CATERPILLAR INC.

FILED Jan 17, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 100 N.E. ADAMS STREET PEORIA, IL 616297310 US **Current Mailing Address: New Mailing Address:** 100 N.E. ADAMS STREET PEORIA, IL 616297310 US FEI Number: 37-0602744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BRAZIL, JOHN R Name: Name: ONE TRINITY PLACE Address: Address: City-St-Zip: SAN ANTONIO, TX 78212 US City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: DILLON, JOHN T Name: DILLON, JOHN T 263 TRESSER BLVD. STE. 1203 20 HORSENECK LANE Address: Address: STAMFORD, CT 06901 US GREENWICH, CT 06830 US City-St-Zip: City-St-Zip: () Delete Title: DC Title: () Change () Addition OWENS, JAMES W Name: Name: 100 NE ADAMS STREET Address: Address: City-St-Zip: PEORIA, IL 61629 US City-St-Zip: Title: () Delete Title: () Change () Addition OBERHELMAN, DOUGLAS R Name: Name: Address: 100 NE ADAMS STREET Address: City-St-Zip: PEORIA, IL 61629 US City-St-Zip: Title: Title: () Delete () Change () Addition SHAHEEN, GERALD L Name: Name: 100 NE ADAMS STREET Address: Address: City-St-Zip: PEORIA, IL 61629 US City-St-Zip: () Delete Title: Title: (X) Change () Addition BLOUNT, W. F Name: Name: HUXTABLE, LAURIE J 1040 STOVALL BLVD Address: Address: 100 NE ADAMS STREET City-St-Zip: ATLANTA, GA 30319 US City-St-Zip: PEORIA. IL 616297310 US

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