2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10071

Entity Name: CATERPILLAR INC.

FILED Jan 31, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
100 N.E. ADAMS STREET PEORIA, IL 616297310 US				100 NE ADAMS STREET PEORIA, IL 616297310 US				
Current Mailing Address:				New Mailing Address:				
100 N.E. ADAMS STREET PEORIA, IL 616297310 US				100 NE ADAMS STREET PEORIA, IL 616297310 US				
FEI Number:	37-0602744	FEI Number Applied For ()	FEI Numb	er Not Appli	cable ()	Certificate	of Status Desired ()	
Name and	Address of	Current Registered Agent:	N	lame and	Address of I	New Regis	stered Agent:	
1200 S. PIN PLANTATIO	DRATION SY NE ISLAND R DN, FL 3332	D.	urnose of o	changing it	s registered (office or red	nistered agent or ho	ıth
in the State		submits this statement for the p	urpose or c	manging it	s registered (onice or reg	gistered agent, or bo	ui,
SIGNATUR								_
	Electro	nic Signature of Registered Age	nt			D	ate	_
Election Carr	npaign Financii	ng Trust Fund Contribution ().						
OFFICERS	AND DIREC	CTORS:	Δ	DDITION	S/CHANGES	TO OFFIC	CERS AND DIRECT	ORS
Title: Name: Address: City-St-Zip:	BRAZIL, JOHN ONE TRINITY		N A	itle: lame: ddress: city-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	DILLON, JOH 20 HORSENE		N A	itle: lame: ddress: ity-St-Zip:	() Change()) Addition	
Title: Name: Address: City-St-Zip:	DC (OWENS, JAM 100 NE ADAM PEORIA, IL 6	S STREET	N A	itle: lame: ddress: ity-St-Zip:	() Change()) Addition	
Title: Name: Address: City-St-Zip:			N A	itle: lame: ddress: ity-St-Zip:	() Change()) Addition	
Title: Name: Address: City-St-Zip:	GP (SHAHEEN, GE 100 NE ADAM PEORIA, IL 6	S STREET	N A	itle: lame: ddress: ity-St-Zip:	GP (X LAVIN, RICHAI 100 NE ADAMS PEORIA, IL 62	SSTREET) Addition	
Title: Name: Address: City-St-Zip:	AS (HUXTABLE, L 100 NE ADAM PEORIA, IL 6	S STREET	N A	itle: lame: ddress: ity-St-Zip:	() Change()) Addition	

I hereby certify that the information supplied with this filing does not qualify 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 01/31/2008