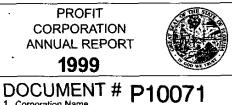
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

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

05-05-1999 90174 020 ***150.00

CATERPILLAR INC.								
Driveinal Blac	o of Puninana	Mailing Address	-				(lok elek biak di	UII DIBIK (BB)
100 N.E. ADAMS STREET 100 N.E. ADAMS STREET PEORIA IL 61629-7310 PEORIA IL 61629-7310								
us					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qu	ialifed		
2 0-1-1-15	Jan of Designation	2a. Mailing Address			05/12/1986 4. FEI Number			lied For
<u> </u>				37-0602744			Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A		
27				5. Certifcate of Status Des	ired 🗌	Fee Rec		
City & State City & State				6. Election Campaign Fina	ncing	\$5.00	May Be	
23	28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the	ne current year l		□N:
24	25		30		Personal Property Tax.	Maur Dagietora		□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of	New Registere	a Agent	
СТО	CORPORATION SYSTEM							
8751 WEST BROWARD BLVD.			82	Street /	Address (P.O. Box Number is Not A	(cceptable)		
	NTATION FL 33324		83			 -		
			84	City		F	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above	-named	corporation submits this statement	for the purpose	of changing its	registered
l office or o	registered agent, or both, in the State or manifer with, and accept the obligation	f Florida. Such change was au	thorized by	tne corpo	ration's board of directors. I hereby	accept the app	ointment as reg	istered
	in terminal trial, and decept are some			1				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I		t signature re	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES	TO OFFICERS A	AND DIRECTOR	RS IN 12
(ππιε	D DELETE		1.1 TITLE 1.2 NAME				☐ Criainge	L_] Addison
NAME	AFFINITO, LILYAN, H DORESS 599 LEXINGTON AVE, 23RD FLOOR			.=00500				
STREET ADORESS	· 1			ADDRESS				
CITY-ST-ZIP	NEW YORK NY .	□ DELETE	1.4 CITY-ST 2.1 TITLE	-ZIP		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	ONDAHL, JOHN W.		2.2 NAME					
STREET ADDRESS	12810 VISCAINO ROAD		2.3 STREET	ADDRESS I				
CITY-ST-ZIP	LOS ALTOS HILLS CA		2. 4 CITY-S					
TITLE	D DELETE		3.1 TITLE				☐ Change	☐ Addition
NAME	GOODE, DAVID R		3.2 NAME	Ì				
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP	NORFOLK VA	·	3.4. CITY-S	T-ZIP				FILLER
TITLE	DC	☐ DELETE	4.1 TITLE		10		Change	Addition
NAME	FITES, DONALD -V BARTO	u, glen a.	4. 2 NAME		BARTON, GLEN A	c (**		
STREET ADDRESS	_	•	4.3 STREET		DO WE ANAM	4 37.		
CITY-ST-ZIP	PEORIA IL		4.4 CITY-ST	-ZIP	PEDRIA II		☐ Change	· · · · · · · · · · · · · · · · · · ·
TITLE	D	□ DELETE	51 TITLE					Addition
NAME STREET ADDRESS	(COUTED INMES D	☐ DELETE	5.1 TITLE 5.2 NAME				onengo	Addition
1 SILEEI WORKESS	GORTER, JAMES P.	☐ DELETE	1	ADDRESS :			onange	☐ Addition
CITY_ST_710	200 W. MADISON, ST 3510	☐ DELETE	5.2 NAME				_ overigo	☐ Addition
CITY-ST-ZIP		☐ DELETE	5.2 NAME 5.3 STREET				☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME	200 W. MADISON, ST 3510 CHICAGO IL		5.2 NAME 5.3 STREET 5.4 CITY-ST					
TITLE	200 W. MADISON, ST 3510 CHICAGO IL D BLOUNT, W. F		5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	-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 or an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #