

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1300000941

FILED
Apr 29, 2016
Secretary of State
CC0061552112

Entity Name: CATERPILLAR GLOBAL MINING LLC

Current Principal Place of Business:

1100 MILWAUKEE AVENUE
PO BOX 500
SOUTH MILWAUKEE, WI 53172

Current Mailing Address:

1100 MILWAUKEE AVENUE
PO BOX 500
SOUTH MILWAUKEE, WI 53172 US

FEI Number: 39-0188050

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Authorized Person(s) Detail :

Title	MGRM
Name	CATERPILLAR IPX LLC
Address	100 NE ADAMS STREET
City-State-Zip:	PEORIA IL 61629
Title	VP
Name	JOHNSON, DENISE C
Address	100 NE ADAMS STREET
City-State-Zip:	PEORIA IL 61629
Title	TREASURER
Name	NICKOLAS, JAMES A
Address	1100 MILWAUKEE AVENUE PO BOX 500
City-State-Zip:	SOUTH MILWAUKEE WI 53172
Title	ASST. TREASURER
Name	DUPONT, CHRISTOPHE
Address	1100 MILWAUKEE AVENUE PO BOX 500
City-State-Zip:	SOUTH MILWAUKEE WI 53172

Title	PRESIDENT
Name	BLUTH, THOMAS J
Address	100 NE ADAMS STREET
City-State-Zip:	PEORIA IL 61629
Title	SECRETARY
Name	HOCKADAY, REX D
Address	100 NE ADAMS STREET
City-State-Zip:	PEORIA IL 61629
Title	ASST. SECRETARY
Name	BATES, GREGORY W
Address	1100 MILWAUKEE AVENUE PO BOX 500
City-State-Zip:	SOUTH MILWAUKEE WI 53172
Title	ASST. TREASURER
Name	LEVERENZ, DAVID C
Address	100 NE ADAMS STREET
City-State-Zip:	PEORIA IL 61629

Continues on page 2

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SALLY A. STILES

ASSISTANT TREASURER 04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. TREASURER
Name STILES, SALLY A
Address 100 NE ADAMS STREET
City-State-Zip: PEORIA IL 61629