

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000180

Entity Name: CATERPILLAR USED EQUIPMENT SERVICES INC.**Current Principal Place of Business:**100 NE ADAMS STREET
PEORIA, IL 61629**Current Mailing Address:**100 NE ADAMS STREET
PEORIA, IL 61629 US**FEI Number:** 33-0361112**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**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name TISDALE, KURT D.
Address 100 NE ADAMS STREET
City-State-Zip: PEORIA IL 61629

Title TREASURER, DIRECTOR
Name CARR, MICHAEL A
Address 100 NE ADAMS STREET
City-State-Zip: PEORIA IL 61629

Title SECRETARY
Name WILBUR, R. CARL
Address 100 NE ADAMS STREET
City-State-Zip: PEORIA IL 61629

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

Title DIRECTOR
Name TAYLOR, GEORGE H.
Address 100 NE ADAMS STREET
City-State-Zip: PEORIA IL 61629

Title ASST. SECRETARY
Name TAYLOR, JULIE A
Address 100 NE ADAMS STREET
City-State-Zip: PEORIA IL 61629

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 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 all other like empowered.

SIGNATURE: SALLY A. STILES**ASSISTANT TREASURER 04/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date