

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10071

Entity Name: CATERPILLAR 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:** 37-0602744**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 DIRECTOR
Name SMITH, JOSHUA I
Address C/O CORPORATE SECRETARY, 100
NE ADAMS ST.
City-State-Zip: PEORIA IL 61629

Title DIRECTOR, CEO
Name OBERHELMAN, DOUGLAS R
Address 100 NE ADAMS STREET
City-State-Zip: PEORIA IL 61629

Title GROUP PRESIDENT
Name RAPP, EDWARD J
Address 100 NE ADAMS STREET
City-State-Zip: PEORIA IL 61629

Title SECRETARY
Name REITZ, CHRISTOPHER M
Address 100 NE ADAMS STREET
City-State-Zip: PEORIA IL 61629

Title DIRECTOR
Name DICKINSON, DANIEL M
Address C/O CORPORATE SECRETARY, 100
NE ADAMS ST.
City-State-Zip: PEORIA IL 61629

Title GROUP PRESIDENT
Name LEVENICK, STUART L
Address 100 NE ADAMS STREET
City-State-Zip: PEORIA IL 61629

Title ASSISTANT SECRETARY
Name FUNK, JONI J
Address 100 NE ADAMS STREET
City-State-Zip: PEORIA IL 61629

Title TREASURER
Name SCOTT, EDWARD J
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 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: JONI J. FUNK**ASSISTANT SECRETARY 04/09/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CFO, GROUP PRESIDENT
Name HALVERSON, BRADLEY M
Address 100 NE ADAMS STREET
City-State-Zip: PEORIA IL 61629

Title ASST. TREASURER
Name BERAN, ROBIN D
Address 100 NE ADAMS STREET
City-State-Zip: PEORIA IL 61629