2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F02000000318 DOCUMENT

1. Entity Name

CATERPILLAR AMERICAS SERVICES CO.

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FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90160 036 ***150.00

Principal Place of Business 701 WATERFORD WAY. SUITE 200 MIAMI FL 33126			Mailing Address 701 WATERFORD WAY. SUITE 200 MIAMI FL 33126				A PERIODE HALL ENGLE HALL BOULD BOULD BOULD BOULD BOULD BOULD BOULD BOURD HARE HAD A LOUIS HARA	
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & Stat	е	City & State				4 . F	FEI Number 36-4219403 Applied For Not Applicable	
Zip	Country	Zip		Country		.5. _C	Certificate of Status Desired. \$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registere	d Agent			7. N	Name and Address of New Registered Agent	
				Name				
C T CORF		Street	Street Address (P.O. Box Number is Not Acceptable)					
	ON FL 33324							
				City			FL Zip Code	
the obligat	ions of registered agent.			Registered Agent sign				
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State				·	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND D	DIRECTO		11.	1	ADI	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Name Street address City-St-Zip	PCD NEGRO, JOSEPH A 701 WATERFORD WAY, SUITE 20 MIAMI FL 33126	0	□ Delete	TITLE NAME STREET ADDRESS .CITY-ST-ZIP	7.01	Wat	☐ Change ☐ Addition ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
TITLE Name Street address City-St-Zip	AT BERAN, ROBIN D 100 NE ADAMS STREET PEORIA IL 61629-6390	÷	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ȚD Brat	tin	□ Addition 1, Paula M 2 cerford Way, Suite 200 FL 33126	
TITLE Name Street address City-St-Zip	SD BOYLAN, DANIEL J 701 WATERFORD WAY, SUITE 20 MIAMI FL 33126	0	₹ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PORTES, J. FERNANDO S. 701 WATERFORD WAY, SUITE 200 MIAMI FL 33126)	反 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			{ ☐ Change ☐ Addition	
ITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information symplical with t		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			/ Change Addition	

indicated on this report or 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 report or supplemental report is true and accurate and the ray 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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

305-476-6840