

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000169

FILED
Jan 09, 2009
Secretary of State

Entity Name: CATERPILLAR FOREST PRODUCTS INC.

Current Principal Place of Business:

100 NE ADAMS ST.
PEORIA, IL 61629

New Principal Place of Business:

Current Mailing Address:

100 NE ADAMS ST.
PEORIA, IL 61629

New Mailing Address:

FEI Number: 36-4137953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARPENTER, JOHN T
Address: 100 S.L. WHITE BLVD.
City-St-Zip: LAGRANGE, GA 30241

Title: D () Delete
Name: RILEY, PETER C
Address: 100 NE ADAMS ST.
City-St-Zip: PEORIA, IL 61629

Title: D () Delete
Name: THOMPSON, MARK A
Address: 76 RTE. DE FRONTENEX
City-St-Zip: GENEVA, CH-1208 (SWITZERLAND,

Title: D () Delete
Name: LINDH, BENGT-OLOV
Address: BJORNANGSVAGEN 6
City-St-Zip: SODERHAMN, 826 40 (SWEDEN),

Title: AT () Delete
Name: BERAN, ROBIN D
Address: 100 NE ADAMS ST.
City-St-Zip: PEORIA, IL 61629

Title: S () Delete
Name: GRIFFIN, NATHAN B
Address: 100 S.L. WHITE BLVD.
City-St-Zip: LAGRANGE, GA 30241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: RILEY, PETER C
Address: 100 NE ADAMS ST.
City-St-Zip: PEORIA, IL 61629

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: HUXTABLE, LAURIE J
Address: 100 NE ADAMS ST.
City-St-Zip: PEORIA, IL 61629

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAURIE J. HUXTABLE

AS

01/09/2009

Electronic Signature of Signing Officer or Director

Date