

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90022 005 \*\*\*150.00

**DOCUMENT # F98000007036**

**1. Entity Name**  
**CATERPILLAR POWER SYSTEMS INC.**

**Principal Place of Business**      **Mailing Address**  
**100 NORTHEAST ADAMS STREET**      **100 NORTHEAST ADAMS STREET**  
**PEORIA IL 61629**      **PEORIA IL 61629**

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**4. FEI Number**      **37-1349189**      **Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**      ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City**      **FL**      **Zip Code**

**8. 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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>LEVENICK, STUART L</b>	
<b>STREET ADDRESS</b>	<b>4-10-1 YOGA SETAGAYA-KU</b>	
<b>CITY-ST-ZIP</b>	<b>TOKYO, JAPAN 158</b>	
<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SCHOENEMAN, MARK C</b>	
<b>STREET ADDRESS</b>	<b>OLD GALENA ROAD BLDG. H</b>	
<b>CITY-ST-ZIP</b>	<b>MOSSVILLE IL 61552</b>	
<b>TITLE</b>	<b>COBD</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>RAMSEYER, SIEGFRIED R</b>	
<b>STREET ADDRESS</b>	<b>37TH FLOOR, THE LEE GARDENS 33HYSAN AVE</b>	
<b>CITY-ST-ZIP</b>	<b>CAUSEWAY BAY, HONG KONG</b>	
<b>TITLE</b>	<b>V</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>THOMAS, DAVID B</b>	
<b>STREET ADDRESS</b>	<b>100 NORTHEAST ADAMS STREET</b>	
<b>CITY-ST-ZIP</b>	<b>PEORIA IL 61629</b>	
<b>TITLE</b>	<b>S</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>ZUNDEL, JURG O</b>	
<b>STREET ADDRESS</b>	<b>100 NORTHEAST ADAMS STREET</b>	
<b>CITY-ST-ZIP</b>	<b>PEORIA IL 61629</b>	
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GLEICH, JAMES L</b>	
<b>STREET ADDRESS</b>	<b>100 NORTHEAST ADAMS STREET</b>	
<b>CITY-ST-ZIP</b>	<b>PEORIA IL 61629</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>D/COBD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Levenick, Stuart L</b>	
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>HUXTABLE, LAURIE J</b>	
<b>STREET ADDRESS</b>	<b>100 NORTHEAST ADAMS STREET</b>	
<b>CITY-ST-ZIP</b>	<b>PEORIA, IL 61629</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>LEUBA, SEAN P.</b>	
<b>STREET ADDRESS</b>	<b>100 NORTHEAST ADAMS STREET</b>	
<b>CITY-ST-ZIP</b>	<b>PEORIA, IL 61629</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**13. I hereby certify that the information 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 that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Laurie J. Huxtable **Laurie J. Huxtable**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



Attachment  
#F980000067036 / 50746

Caterpillar Inc.

100 NE Adams Street  
Peoria, Illinois 61629-7310

February 26, 2002

Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

*Re: Annual Filing for Caterpillar Power Systems Inc.  
FEI Number 37-1349189*

To Whom It May Concern:

Enclosed please find the original and one copy of the Annual Report and  
Check No. 421229 in the amount of \$150.00 in payment of the filing fee.

Please return the file-stamped copy to my attention in the enclosed self-addressed  
postage-paid envelope.

Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Underwood".

Corporate Legal Assistant

SRUnderwood  
Legal Services Division, AB7310  
Telephone: (309) 675-1873  
Facsimile: (309) 675-6620  
Encl.  
g\CPSI-florida01