2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 10, 2005 8:00 am Secretary of State

DOCUMENT # F9800007036 1. Entity Name CATERPILLAR POWER SYSTEMS INC.						Secretary of State 02-10-2005 90049 001 ***150.00						
Principal Place	e of Business	Mailing Address										
100 NORTHEAST ADAMS STREET PEORIA, IL 61629		100 NORTHEAST ADAMS STREET PEORIA, IL 61629				40010000						
2. Principal P	face of Business	3. Mailing Address										
Suite, Apt.,#, etc.		Suite, Apt. #, etc.				01112005	Chg-P	CR2E	034 (10/03)			
City & State	9	City & State				4. FEI Numb	_	-	⊢ ⊢ ⊢ ∸	plied For Applicable		
Zip	Country	Zip	Country				of Status Desired		\$8.75 Add	itional		
	- 6. Name and Address of Current Ra	gistered Agent	- -			7. Name and	Address of New	Registered		- 3 . A		
			1	Vame								
1200 SOU	ORATION SYSTEM TH PINE ISLAND ROAD ON, FL 33324		5	Street Address (P.O. Box Number is Not Acceptable)								
FEMILIALI	ON, I C 33324											
				City	FL Zip Code							
	named entity submits this statement for the long of registered agent.	ne purpose of changing its	registered o	office or r	registere	d agent, or bo	th, in the State of F	lorida. I ar	m familiar with,	and accept		
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE	E: Registered Ag	pent signature	e required w	hen reinstating)		DATE				
	E NOW!!! FEE I\$ \$150.00 by 1, 2005 Fee will be \$550.00	9. Election Campai Trust Fund Cont		ng 🗆		00 May Be d to Fees						
10.	OFFICERS AND DI	RECTORS	11.			ADDITIONS.	CHANGES TO OF	FICERS AN	D DIRECTORS	S IN 11		
TITLE	DCOB	⊠ Delete	TITLE				•		☐ Change	☐ Addition		
NAME \$TREET ADDRESS	LEVENICK, STUART L MR. 4-10-1 YOGA SETAGAYA-KU		NAME Street a	nness T	DT TEAC	TE CEE A	TTACHED L	TOTING	-			
CITY-ST-ZIP	TOKYO, JA 158		CITY-ST-		FLEAS	E SEE A	TIACHED L	TOT IN	J			
TITLE	PD	☐ Delete	TITLE					***	☐ Change	☐ Addition		
NAME	CHOW, RINGO SIU KEUN MR.		NAME									
STREET ADDRESS CITY-ST-ZIP	7 TRACTOR RD. SINGAPORE, SI 627928		STREET A	1								
TITLE	AS	☐ Delete	TITLE				-		Cnange	Addition		
NAME	HUXTABLE, LAURIE J MS.		NAME]						_		
STREET ADDRESS	100 NORTHEAST ADAMS STREE	T	STREET A	1								
CITY-ST-ZIP	PEORIA, IL 61629		CITY-ST	-ZIP			<u> </u>			- Augus		
TITLE NAME	V THOMAS, DAVID B MR.	⊠ Defete	TITLE					•	Change	☐ Addition		
STREET ADDRESS	100 NORTHEAST ADAMS STREE	Т	STREET A	ODRESS								
CITY-ST-ZIP	PEORIA, IL 61629		CITY-ST-	-ZIP								
TITLE	S	⊠ Delete	TITLE						Change	☐ Addition		
NAME STREET ADDRESS	LEUBA, SEAN P MR. 100 NORTHEAST ADAMS STREE	т	NAME Street a	ADDRESS								
CITY-ST-ZIP	PEORIA, IL 61629	•	CITY-ST	- 1								
TITLE	Ť	⊠ Delete	TITLE						☐ Change	Addition		
NAME	DAUGHERTY, JILL E MS.	_	NAME					•				
STREET ADDRESS	100 NORTHEAST ADAMS STREE	Ŧ	STREET A									
CITY-ST-ZIP	PEORIA, IL 61629	in filling dans and qualify to		!	nd in Soc	tion 110 07/3)	(i) Florida Statutos	Lituribor	and if y the at the a in	oformation		

12. 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 early; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SI	IG	N	Δ٦	ΓLI	R	E	•
	•		$\overline{}$			_	

Lauri D. Hent toble Lauri SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurie J. Huxtable

2/1/05

Daytime Phone #

Directors / Officers Report

ATTACHMENT # 19800007036.As of 2/1/2005

Caterpillar Power Systems Inc.

400/6350

Directors

Ringo Siu Keung Chow Director

Primary Address: 7 Tractor Road

627968 (Singapore)

Richard P. Lavin Director

Primary Address: 100 NE Adams Street Peoria, Illinois 61629-3305

Koichi Morikawa Director

Primary Address: 3700 Tana Sagamihara, (Japan)

James J. Parker Director

Primary Address: 100 NE Adams Street
Peoria, Illinois 61629 (United States)

Officers

Richard P. Lavin Chairman of the Board of Directors

Primary Address: 100 NE Adams Street Peoria, Illinois 61629-3305

Ringo Siu Keung Chow President

Primary Address: 7 Tractor Road 627968 (Singapore)

Koichi Morikawa Vice President

Primary Address: 3700 Tana Sagamihara, (Japan)

Martin H. Rudin Vice President

Primary Address: 100 NE Adams Street
Peoria, Illinois 61629 (United States)

Koichi Morikawa Managing Director

Sagamihara, (Japan)

Primary Address: 3700 Tana

Kurt F. Gehlbach
Primary Address: 100 N.E. Adams St.

Primary Address: 100 N.E. Adams St. Peoria, Illinois 61629 (USA)

ATTACHMENT

Directors / Officers Report

198 8 0000 703 As of 2/1/2005

Caterpillar Power Systems Inc.

Martin H. Rudin

Treasurer

Primary Address:

100 NE Adams Street

Peoria, Illinois 61629 (United States)

40016350

Laurie J. Huxtable

Assistant Secretary

Primary Address:

100 NE Adams Street

Peoria, Illinois 61629-3305

Robin D. Beran

Assistant Treasurer

Primary Address:

100 N.E. Adams St.

Peoria, Illinois 61629 (USA)

Page 2 of 2

ATTACHMENT

2005 FOR PROFIT CORPORATION ANNUAL REPORT

 Entity Nam 	ne	#F98000007								<i>a -</i>				
100 NORTHEAST ADAMS STREET 100			100 NOR	Mailing Address 100 NORTHEAST ADAMS STREET PEORIA, IL 61629			4	00 (6	<i>'</i> 3SC)				
2. Principal P	Place of Busin	ness	3. Mailing	Address		.					·			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01112005	Chg-P	CR2E	034 (10/03)				
City & Stat	tate City & State				4. FEI Number 37-1349189						pplied For ot Applicable			
Zip		Country	Zip		Coun	try		5. Certificate	of Status Desired		\$8.75 Ad Fee Require			
	6. Name	and Address of Current F	Registered A	gent		7. Name and Address of New Registered Agent								
C T CORP	ORATION	I SYSTEM				Name								
1200 SOU PLANTATI		SLAND ROAD 3324				Street Address (P.O. Box Number is Not Acceptable)								
											1 7 0			
						City				FL	Zip Cod	le		
	named entititions of regist	y submits this statement for ered agent.	the purpose	of changing its re	egistere	ed office or	r register	ed agent, or bo	oth, in the State of I	Florida. ↓am	familiar with,	and accept		
SIGNATURE_	Signature, typed	or printed name of registered agent a	and tide if applicable) (NOTE:	Registere	d Agent signatu	ure required	when reinstating)		DATE				
		FEE IS \$150.00 5 Fee will be \$550.0	-	lection Campaig rust Fund Contril		ncing		00 May Be ed to Fees						
10.		OFFICERS AND I	DIRECTORS		11.			ADDITIONS	/CHANGES TO O	FFICERS AND				
TITLE					TITLE						Change	Addition		
NAME STREET ADDRESS CHY-ST-ZIP	ST 4-10-1 YOGA SETAGAYA-KU				STRE	_	PLEA	SE SEE A	ATTACHED L	ISTING		,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 TRACT	INGO SIU KEUN MR. OR RD. DRE, SI 627928		☐ Defete				,			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ı	LE, LAURIE J MS. THEAST ADAMS STRÉ IL 61629	ET	☐ Delete							☐ Change	☐ Addition		
TITLE NAME STREET AODRESS CITY-ST-ZIP	1	, DAVID B MR. THEAST ADAMS STRE IL 61629	ET	⊠ Delete							☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S LEUBA, S	EAN P MR. THEAST ADAMS STRE	ET	⊠ Delete							☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 NOR PEORIA,			⊠ Delete	CITY	E ET ADDRESS -\$T-ZIP					☐ Change	Addition		
12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.														
SIGNATURE: Laurie J. Huxtable 31105 SIGNATURE: Daid Date of Printed NAME OF SIGNING OFFICER OR DIRECTOR Date of Printed NAME OF SIGNING OFFICER OR DIRECTOR														