2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 08:00 AM F99000001180 DOCUMENT # 1. Entity Name **Secretary of State** CATERPILLAR WORK TOOLS, INC. Principal Place of Business Mailing Address 600 BALDERSON BLVD. 600 BALDERSON BLVD. WAMEGO KS WAMEGO KS 66547 66547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 48-0529707 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL33324 US 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 04/26/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition LANGVARDT CHRIS MAME \mathbf{C} NAME 600 BALDERSON BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WAMEGO KS 66547 CITY-ST-ZIP ☐ Delete TITLE V/S X Change ☐ Addition NAME JOHNSON GLEN NAME RENEAU WARREN M STREET ADDRESS 600 BALDERSON BLVD. STREET ADDRESS 600 BALDERSON BLVD. CITY-ST-ZIP WAMEGO KS 66547 CITY-ST-ZIP WAMEGO KS 66547 ☐ Delete TITLE ☐ Addition PALMER GERALD NAME STREET ADDRESS 100 NE ADAMS ST. STREET ADDRESS CITY-ST-ZIP PEORIA 61629 CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition MCKIE NAME STREET ADDRESS 100 NE ADAMS ST. STREET ADDRESS CITY-ST-ZIP PEORIA 61629 CITY-ST-ZIP TITLE DΡ ☐ Delete TITLE ☐ Change ☐ Addition **PAOLO** NAME STREET ADDRESS 6 CORPORATE WOODS, 8900 INDIAN CREEK PKWY. STREET ADDRESS CITY-ST-ZIP OVERLAND PARK 66210 CITY-ST-ZIP Delete TITLE ☐ Addition MIKE NAME STREET ADDRESS 6 COPORATE WOODS, 8900 INDIAN CREEK PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVERLAND PARK 66210 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.

04/26/2001

Date

Daytime Phone #

SIGNATURE: __Chris.C. Langvardt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR