2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001180

FILED
Mar 19, 2004
Secretary of State

Entity Name: CATERPILLAR WORK TOOLS, INC.

Current Principal Place of Business:

600 BALDERSON BLVD.
WAMEGO, KS 66547

New Principal Place of Business:

Current Mailing Address:

600 BALDERSON BLVD., P.O. BOX 6
WAMEGO, KS 66547

New Mailing Address:

FEI Number: 48-0529707 **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: T ( ) Delete
Name: GUYER, MIKE D
Address: 6 COPORATE WOODS, 8900 INDIAN CREEK PKWY
City-St-Zip: OVERLAND PARK, KS 66210

Title: DP ( ) Delete
Name: MENG, ROBERT A
Address: P.O. BOX 348
City-St-Zip: AURORA, IL 60507

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

Title: V/S ( ) Delete
Name: RENEAU, WARREN M
Address: 600 BALDERSON BLVD.
City-St-Zip: WAMEGO, KS 66547

Title: V ( ) Delete
Name: LANGVARDT, CHRIS C
Address: 600 BALDERSON BLVD.
City-St-Zip: WAMEGO, KS 66547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: HOFFMAN, KIRK W
Address: 600 BALDERSON BLVD.
City-St-Zip: WAMEGO, KS 66547

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRIS C. LANGVARDT V 03/19/2004

Electronic Signature of Signing Officer or Director Date