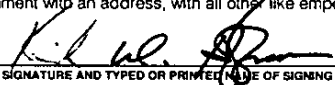


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90180 035 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                           |                                                                                              |                                                                           |                                                                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F99000001180</b><br>1. Entity Name<br><b>CATERPILLAR WORK TOOLS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                           |                                                                                              |                                                                           |                                                                                            |  |
| Principal Place of Business<br><b>600 BALDERSON BLVD.<br/>WAMEGO, KS 66547</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                           |                                                                                              |                                                                           | Mailing Address<br><b>600 BALDERSON BLVD., P.O. BOX 6<br/>WAMEGO, KS 66547</b>                                                                                              |  |
| 2. Principal Place of Business<br><b>400 Work Tool Drive</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                           | 3. Mailing Address<br><b>400 Work Tool Drive</b><br>Suite, Apt. #, etc.<br><b>P.O. Box 6</b> |                                                                           | <b>20047967</b><br>                                                                       |  |
| City & State<br><b>Wamego, KS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                           | City & State<br><b>Wamego, KS</b>                                                            |                                                                           | 4. FEI Number<br><b>48-0529707</b>                                                                                                                                          |  |
| Zip<br><b>66547</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                           | Country<br><b>USA</b>                                                                        |                                                                           | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                           |                                                                                              |                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span>     |  |
| 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. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                      |                                                                                                                                           |                                                                                              |                                                                           |                                                                                                                                                                             |  |
| <b>FILE NOW!!! - FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>          |                                                                           | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                          |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                           |                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                     |                                                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>T</b><br><b>HOFFMAN, KIRK W</b><br><b>600 BALDERSON BLVD.</b><br><b>WAMEGO, KS 66547</b> <input type="checkbox"/> Delete               |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>400 Work Tool Drive</b>                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DP</b><br><b>MENG, ROBERT A</b><br><b>P.O. BOX 348</b><br><b>AURORA, IL 60507</b> <input type="checkbox"/> Delete                      |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>PALMER, GERALD</b><br><b>100 NE ADAMS ST.</b><br><b>PEORIA, IL 61629</b> <input checked="" type="checkbox"/> Delete        |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>D</b><br><b>WESTERN, DONALD G</b><br><b>100 NE ADAMS ST.</b><br><b>PEORIA, IL 61629</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>V/S</b><br><b>RENEAU, WARREN M</b><br><b>600 BALDERSON BLVD.</b><br><b>WAMEGO, KS 66547</b> <input checked="" type="checkbox"/> Delete |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>V/S</b><br><b>HOLT, LARRY A</b><br><b>400 WORK TOOL DRIVE</b><br><b>WAMEGO, KS 66547</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>V</b><br><b>LANGVARDT, CHRIS C</b><br><b>600 BALDERSON BLVD.</b><br><b>WAMEGO, KS 66547</b> <input type="checkbox"/> Delete            |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>400 WORK TOOL DRIVE</b>                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                                           |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |  |
| 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 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. |                                                                                                                                           |                                                                                              |                                                                           |                                                                                                                                                                             |  |
| <b>SIGNATURE:</b>  <b>Kirk W. Hoffman</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                           |                                                                                              | <b>4-19-05</b> <b>785-456-6468</b><br><small>Date Daytime Phone #</small> |                                                                                                                                                                             |  |