## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000001180

Entity Name: CATERPILLAR WORK TOOLS, INC

FILED Aug 24, 2006 Secretary of State

Entity Nai	me: CATERP	ILLAR WORK TOOLS, INC.			
Current P	rincipal Place	of Business:	New Principal Place of Business:		
	K TOOL DRIVE 9, KS 66547	Ē			
Current Mailing Address:			New Mailing Address:		
P.O. BOX	K TOOL DRIVE 6 , KS 66547	Ē			
FEI Number	: 48-0529707	FEI Number Applied For ( )	FEI Number Not App	icable ( ) Cert	ficate of Status Desired ( )
Name and	Address of C	Current Registered Agent:	Name and	Address of New F	Registered Agent:
1200 SOU PLANTATI The above	PORATION SY TH PINE ISLA ION, FL 33324 named entity e of Florida.	ND ROAD	purpose of changing i	ts registered office	or registered agent, or both,
SIGNATUI	RE:				
	Electror	nic Signature of Registered Ag	ent		Date
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	T ( HOFFMAN, KIF 400 WORK TO WAMEGO, KS	OL DRIVE	Title: Name: Address: City-St-Zip:	T (X) Chan SPITZER, DARRELL 400 WORK TOOL DR WAMEGO, KS 66547	IVE
Title: Name: Address: City-St-Zip:	DP ( MENG, ROBER P.O. BOX 348 AURORA, IL 6		Title: Name: Address: City-St-Zip:	()Chan	ge ( ) Addition
Title: Name: Address: City-St-Zip:	D ( WESTERN, DO 100 NE ADAMS PEORIA, IL 61	STREET	Title: Name: Address: City-St-Zip:	()Chan	ge ( ) Addition
Title: Name: Address: City-St-Zip:	V/S ( ) HOLT, LARRY 400 WORK TO WAMEGO, KS	OL DRIVE	Title: Name: Address: City-St-Zip:	()Chan	ge ( ) Addition
Title: Name: Address: City-St-Zip:	V ( LANGVARDT, 0 400 WORK TO WAMEGO, KS	OL DRIVE	Title: Name: Address: City-St-Zip:	()Chan	ge ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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:	DARRELL K. SPITZER	T 08/24/2006