2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# F99000001180

Entity Name: CATERPILLAR WORK TOOLS, INC.

Current Principal Place of Business:

400 WORK TOOL DRIVE
WAMEGO, KS 66547

New Principal Place of Business:

Current Mailing Address:

400 WORK TOOL DRIVE
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: SPITZER, DARRELL K
Address: 400 WORK TOOL DRIVE
City-St-Zip: WAMEGO, KS 66547

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

Title: D ( ) Delete
Name: BAUNTON, MIKE
Address: 76 RTE DE FRONTENEX, P.O. BOX 6000
City-St-Zip: GENEVA, SW 6 CH-1208 SW

Title: V/S ( ) Delete
Name: HUNTER, ROBERT C
Address: 400 WORK TOOL DRIVE
City-St-Zip: WAMEGO, KS 66547

Title: V ( ) Delete
Name: LANGVARDT, CHRIS C
Address: 400 WORK TOOL DRIVE
City-St-Zip: WAMEGO, KS 66547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: ASTOLFI, ROBERT A
Address: 400 WORK TOOL DRIVE
City-St-Zip: WAMEGO, KS 66547

Title: DP (X) Change ( ) Addition
Name: TEVEBAUGH, JAMES L
Address: P.O. BOX 348
City-St-Zip: AURORA, IL 60507

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

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

Title: V (X) Change ( ) Addition
Name: PENNER, LUCINDA C
Address: 400 WORK TOOL DRIVE
City-St-Zip: WAMEGO, KS 66547

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT A. ASTOLFI T 03/11/2009

Electronic Signature of Signing Officer or Director — Date