

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001180

FILED  
Apr 10, 2012  
Secretary of State

**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  
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

**OFFICERS AND DIRECTORS:**

**Title:** T  
**Name:** ASTOLFI, ROBERT A  
**Address:** 400 WORK TOOL DRIVE  
**City-St-Zip:** WAMEGO, KS 66547

**Title:** DP  
**Name:** TEVEBAUGH, JAMES L  
**Address:** P.O. BOX 348  
**City-St-Zip:** AURORA, IL 60507

**Title:** D  
**Name:** SPRINGER, WILLIAM F  
**Address:** P.O. BOX 348  
**City-St-Zip:** AURORA, IL 60507

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

**Title:** V  
**Name:** PENNER, LUCINDA C  
**Address:** 400 WORK TOOL DRIVE  
**City-St-Zip:** WAMEGO, KS 66547

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT A. ASTOLFI

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04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date