# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 11, 2005**
**Secretary of State**

DOCUMENT# P10071

**Entity Name:** CATERPILLAR INC.

**Current Principal Place of Business:**

100 N.E. ADAMS STREET
PEORIA, IL 616297310 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 N.E. ADAMS STREET
PEORIA, IL 616297310 US

**New Mailing Address:**

**FEI Number: 37-0602744** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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: | D | ( ) Delete |
| Name: | BRAZIL, JOHN R | |
| Address: | ONE TRINITY PLACE | |
| City-St-Zip: | SAN ANTONIO, TX 78212 US | |
| Title: | D | ( ) Delete |
| Name: | DILLON, JOHN T | |
| Address: | 263 TRESSER BLVD. STE. 1203 | |
| City-St-Zip: | STAMFORD, CT 06901 US | |
| Title: | DC | ( ) Delete |
| Name: | OWENS, JAMES W | |
| Address: | 100 NE ADAMS STREET | |
| City-St-Zip: | PEORIA, IL 61629 US | |
| Title: | GP | ( ) Delete |
| Name: | OBERHELMAN, DOUGLAS R | |
| Address: | 100 NE ADAMS STREET | |
| City-St-Zip: | PEORIA, IL 61629 US | |
| Title: | GP | ( ) Delete |
| Name: | SHAHEEN, GERALD L | |
| Address: | 100 NE ADAMS STREET | |
| City-St-Zip: | PEORIA, IL 61629 US | |
| Title: | D | ( ) Delete |
| Name: | BLOUNT, W. F | |
| Address: | 1040 STOVALL BLVD | |
| City-St-Zip: | ATLANTA, GA 30319 US | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| 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: | |
| 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: LAURIE J. HUXTABLE AS 01/11/2005

Electronic Signature of Signing Officer or Director — Date