

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90390 004 ***150.00

0600690

DOCUMENT # F98000007036

1. Entity Name
CATERPILLAR POWER SYSTEMS INC.

Principal Place of Business 100 NORTHEAST ADAMS STREET PEORIA IL 61629	Mailing Address 100 NORTHEAST ADAMS STREET PEORIA IL 61629
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 37-1349189	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME D SHAHEEN, GERALD L STREET ADDRESS 4-10-1 YOGA SETAGAYA-KU CITY-ST-ZIP TOKYO, JAPAN 158	<input checked="" type="checkbox"/> Delete
TITLE NAME PD SCHOENEMAN, MARK C STREET ADDRESS OLD GALENA ROAD BLDG. H CITY-ST-ZIP MOSSVILLE IL 61552	<input type="checkbox"/> Delete
TITLE NAME COBD OBERHELMAN, DOUGLAS R STREET ADDRESS 100 NORTHEAST ADAMS STREET CITY-ST-ZIP PEORIA IL 61629	<input checked="" type="checkbox"/> Delete
TITLE NAME V THOMAS, DAVID B STREET ADDRESS 100 NORTHEAST ADAMS STREET CITY-ST-ZIP PEORIA IL 61629	<input type="checkbox"/> Delete
TITLE NAME S ZUNDEL, JURG O STREET ADDRESS 100 NORTHEAST ADAMS STREET CITY-ST-ZIP PEORIA IL 61629	<input type="checkbox"/> Delete
TITLE NAME T GLEICH, JAMES L STREET ADDRESS 100 NORTHEAST ADAMS STREET CITY-ST-ZIP PEORIA IL 61629	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D LEVENICK, STUART L. STREET ADDRESS 4-10-1 YOGA SETAGAYA-KU CITY-ST-ZIP TOKYO, JAPAN 158	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME COBD RAMSEYER, SIEGFRIED R. STREET ADDRESS 37TH FLOOR, THE LEE GARDENS CITY-ST-ZIP CAUSEWAY BAY HONG KONG 33HYSAN AVE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jurg O Zundel Date: 4/24/01 (309)578 2512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)