

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90022 005 ***150.00

DOCUMENT # F98000007036
 1. Entity Name
CATERPILLAR POWER SYSTEMS INC.

Principal Place of Business Mailing Address
100 NORTHEAST ADAMS STREET **100 NORTHEAST ADAMS STREET**
PEORIA IL 61629 **PEORIA IL 61629**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



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

4. FEI Number Applied For
37-1349189 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **After May 1, 2002 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 STREET ADDRESS CITY-ST-ZIP	D LEVENICK, STUART L 4-10-1 YOGA SETAGAYA-KU TOKYO, JAPAN 158	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOENEMAN, MARK C OLD GALENA ROAD BLDG. H MOSSVILLE IL 61552	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD RAMSEYER, SIEGFRIED R. 37TH FLOOR, THE LEE GARDENS 33HYSAN AVE CAUSEWAY BAY, HONG KONG	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, DAVID B 100 NORTHEAST ADAMS STREET PEORIA IL 61629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZUNDEL, JURG O 100 NORTHEAST ADAMS STREET PEORIA IL 61629	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLEICH, JAMES L 100 NORTHEAST ADAMS STREET PEORIA IL 61629	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/COBD Levenick, Stuart L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUXTABLE, LAURIE J 100 NORTHEAST ADAMS STREET PEORIA, IL 61629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEUBA, SEAN P. 100 NORTHEAST ADAMS STREET PEORIA, IL 61629	<input type="checkbox"/> Change <input checked="" 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: Laurel J. Huxtable **Laurel J. Huxtable**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/01)



Attachment
#F980000067036 / 50746

Caterpillar Inc.

100 NE Adams Street
Peoria, Illinois 61629-7310

February 26, 2002

Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

*Re: Annual Filing for Caterpillar Power Systems Inc.
FEI Number 37-1349189*

To Whom It May Concern:

Enclosed please find the original and one copy of the Annual Report and
Check No. 421229 in the amount of \$150.00 in payment of the filing fee.

Please return the file-stamped copy to my attention in the enclosed self-addressed
postage-paid envelope.

Thank you for your assistance.

Sincerely,

Corporate Legal Assistant

SRUnderwood
Legal Services Division, AB7310
Telephone: (309) 675-1873
Facsimile: (309) 675-6620

Encl.
g\CPSI-florida01