


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90049 001 ***150.00

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

10010000



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

01112005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: 37-1349189
 Applied For: Not Applicable

Zip: Country

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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DCOB	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVENICK, STUART L MR.			NAME			
STREET ADDRESS	4-10-1 YOGA SETAGAYA-KU			STREET ADDRESS	PLEASE SEE ATTACHED LISTING		
CITY-ST-ZIP	TOKYO, JA 158			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHOW, RINGO SIU KEUN MR.			NAME			
STREET ADDRESS	7 TRACTOR RD.			STREET ADDRESS			
CITY-ST-ZIP	SINGAPORE, SI 627928			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUXTABLE, LAURIE J MS.			NAME			
STREET ADDRESS	100 NORTHEAST ADAMS STREET			STREET ADDRESS			
CITY-ST-ZIP	PEORIA, IL 61629			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, DAVID B MR.			NAME			
STREET ADDRESS	100 NORTHEAST ADAMS STREET			STREET ADDRESS			
CITY-ST-ZIP	PEORIA, IL 61629			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEUBA, SEAN P MR.			NAME			
STREET ADDRESS	100 NORTHEAST ADAMS STREET			STREET ADDRESS			
CITY-ST-ZIP	PEORIA, IL 61629			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAUGHERTY, JILL E MS.			NAME			
STREET ADDRESS	100 NORTHEAST ADAMS STREET			STREET ADDRESS			
CITY-ST-ZIP	PEORIA, IL 61629			CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laurie J. Huxtable Laurie J. Huxtable 2/1/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Directors / Officers Report

ATTACHMENT

F98000007036 As of 2/1/2005

Caterpillar Power Systems Inc.

40016350

Directors

Ringo Siu Keung Chow **Director**

Primary Address: 7 Tractor Road
627968 (Singapore)

Richard P. Lavin **Director**

Primary Address: 100 NE Adams Street
Peoria, Illinois 61629-3305

Koichi Morikawa **Director**

Primary Address: 3700 Tana
Sagamihara, (Japan)

James J. Parker **Director**

Primary Address: 100 NE Adams Street
Peoria, Illinois 61629 (United States)

Officers

Richard P. Lavin **Chairman of the Board of Directors**

Primary Address: 100 NE Adams Street
Peoria, Illinois 61629-3305

Ringo Siu Keung Chow **President**

Primary Address: 7 Tractor Road
627968 (Singapore)

Koichi Morikawa **Vice President**

Primary Address: 3700 Tana
Sagamihara, (Japan)

Martin H. Rudin **Vice President**

Primary Address: 100 NE Adams Street
Peoria, Illinois 61629 (United States)

Koichi Morikawa **Managing Director**

Primary Address: 3700 Tana
Sagamihara, (Japan)

Kurt F. Gehlbach **Secretary**

Primary Address: 100 N.E. Adams St.
Peoria, Illinois 61629 (USA)

ATTACHMENT

Directors / Officers Report

F98 6 0000703⁶ As of 2/1/2005

Caterpillar Power Systems Inc.

Martin H. Rudin

Treasurer

Primary Address: 100 NE Adams Street
Peoria, Illinois 61629 (United States)

40016350

Laurie J. Huxtable

Assistant Secretary

Primary Address: 100 NE Adams Street
Peoria, Illinois 61629-3305


Robin D. Beran

Assistant Treasurer

Primary Address: 100 N.E. Adams St.
Peoria, Illinois 61629 (USA)

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City & State		City & State		01112005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 37-1349189	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS HUXTABLE, LAURIE J MS. 100 NORTHEAST ADAMS STREET PEORIA, IL 61629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: <u>Laurie J. Huxtable</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Laurie J. Huxtable	
				Date: <u>2/1/05</u>	
				Daytime Phone # _____	

400 16358

