

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90107 005 ***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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 37-1349189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	DCOB LEVENICK, STUART L 4-10-1 YOGA SETAGAYA-KU TOKYO, JAPAN 158 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEUBA, SEAN P 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLEICH, JAMES L 100 NORTHEAST ADAMS STREET PEORIA IL 61629 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Robin D. Beran* **Asst. Secretary** **2/28/03** **309-675-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)



Attachment

70025747
F98000007036

Caterpillar Inc.

100 NE Adams Street
Peoria, Illinois 61629-7310

February 28, 2003

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. 579774 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-florida02