**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 20, 2015**
**Secretary of State**
**CC4932577042**

DOCUMENT# F99000001180

**Entity Name:** CATERPILLAR WORK TOOLS, INC.

**Current Principal Place of Business:**

400 WORK TOOL DRIVE
WAMEGO, KS 66547

**Current Mailing Address:**

400 WORK TOOL DRIVE
WAMEGO, KS 66547

**FEI Number: 48-0529707**

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

| | |
|---|---|
| Title | TREASURER |
| Name | CARR, MICHAEL A. |
| Address | 400 WORK TOOL DRIVE |
| City-State-Zip: | WAMEGO KS 66547 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | FOLLEY, GREGORY S. |
| Address | 100 NE ADAMS STREET |
| City-State-Zip: | PEORIA IL 61629 |

| | |
|---|---|
| Title | VP |
| Name | HAYES, KEVIN D. |
| Address | 400 WORK TOOL DRIVE |
| City-State-Zip: | WAMEGO KS 66547 |

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|---|---|
| Title | ASST. TREASURER |
| Name | STILES, SALLY A. |
| Address | 100 NE ADAMS STREET |
| City-State-Zip: | PEORIA IL 61629 |

| | |
|---|---|
| Title | DIRECTOR, PRESIDENT |
| Name | HOEFLING, KENNETH J. |
| Address | 100 NE ADAMS STREET |
| City-State-Zip: | PEORIA IL 61629 |

| | |
|---|---|
| Title | VP, SECRETARY |
| Name | HUNTER, ROBERT C |
| Address | 400 WORK TOOL DRIVE |
| City-State-Zip: | WAMEGO KS 66547 |

| | |
|---|---|
| Title | ASST. SECRETARY |
| Name | FUNK, JONI J |
| Address | 100 NE ADAMS ST. |
| City-State-Zip: | PEORIA IL 61629 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | KELLIHER, PHILIP G. |
| Address | 100 NE ADAMS STREET |
| City-State-Zip: | PEORIA IL 61629 |

**Continues on page 2**

*I hereby 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 all other like empowered.*

SIGNATURE: JONI J. FUNK ASSISTANT SECRETARY 04/20/2015

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | WEISS, KARL E. |
| Address | 100 NE ADAMS STREET |
| City-State-Zip: | PEORIA IL 61629 |

| | |
|---|---|
| Title | ASSISTANT TREASURER |
| Name | SIMISON, THEODORE P. |
| Address | 400 WORK TOOL DRIVE |
| City-State-Zip: | WAMEGO KS 66547 |