

1.) CORPORATION NAME:

DUE DATE: **5/31/2013**

**Caterpillar Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0509531**

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 NE ADAMS STREET

CITY/ST/ZIP: PEORIA, IL 61629

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: STUART L. LEVENICK TITLE: GROUP PRESIDENT ADDRESS: 100 NE ADAMS STREET CITY/ST/ZIP/CO: PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: EDWARD J. RAPP TITLE: GROUP PRESIDENT ADDRESS: 100 NE ADAMS STREET CITY/ST/ZIP/CO: PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GERARD R.L. VITTECOQ TITLE: GROUP PRESIDENT ADDRESS: 100 NE ADAMS STREET CITY/ST/ZIP/CO: PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEVEN H. WUNNING TITLE: GROUP PRESIDENT ADDRESS: 100 NE ADAMS STREET CITY/ST/ZIP/CO: PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KENT M ADAMS TITLE: VICE PRESIDENT ADDRESS: 2120 WEST END AVENUE CITY/ST/ZIP/CO: NASHVILLE, TN 37203-0001	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM AINSWORTH TITLE: VICE PRESIDENT ADDRESS: 1600 PROGRESS DRIVE P.O. BOX 1037 CITY/ST/ZIP/CO: ALBERTVILLE, AL 35950	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM E. FINERTY VICE PRESIDENT 100 NE ADAMS ST PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD J. SCOTT TREASURER 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS R. OBERHELMAN CEO/CHRMN/DIR 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES B BUDA EXEC. VP 100 NE ADAMS STREET PEORIA, IL 61629-7310	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONI J. FUNK ASST SECRETARY 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER M. REITZ SECRETARY 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID L. CALHOUN DIRECTOR C/O CATERPILLAR INC., CORPORATE SECRETARY 100 NE ADAMS STREET PEORIA, IL 61629	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL M. DICKINSON DIRECTOR C/O CATERPILLAR INC., CORPORATE SECRETARY 100 NE ADAMS STREET PEORIA, IL 61629	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUAN GALLARDO T. DIRECTOR C/O CATERPILLAR INC., CORPORATE SECRETARY 100 NE ADAMS STREET PEORIA, IL 61629	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID R. GOODE DIRECTOR C/O CATERPILLAR INC., CORPORATE SECRETARY 100 NE ADAMS STREET PEORIA, IL 61629	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JESSE J. GREENE, JR. DIRECTOR C/O CATERPILLAR INC., CORPORATE SECRETARY 100 NE ADAMS STREET PEORIA, IL 61629	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JON M. HUNTSMAN JR. DIRECTOR C/O CATERPILLAR INC., CORPORATE SECRETARY 100 NE ADAMS STREET PEORIA, IL 61629	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER A. MAGOWAN DIRECTOR C/O CATERPILLAR INC., CORPORATE SECRETARY 100 NE ADAMS STREET PEORIA, IL 61629	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS A. MUILENBURG DIRECTOR C/O CATERPILLAR INC., CORPORATE SECRETARY 100 NE ADAMS STREET PEORIA, IL 61629	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM A. OSBORN DIRECTOR C/O CATERPILLAR INC., CORPORATE SECRETARY 100 NE ADAMS STREET PEORIA, IL 61629	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES D. POWELL DIRECTOR C/O CATERPILLAR INC., CORPORATE SECRETARY 100 NE ADAMS STREET PEORIA, IL 61629	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD B. RUST, JR. DIRECTOR C/O CATERPILLAR INC., CORPORATE SECRETARY 100 NE ADAMS STREET PEORIA, VA 61629	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN C. SCHWAB DIRECTOR C/O CATERPILLAR INC., CORPORATE SECRETARY 100 NE ADAMS STREET PEORIA, IL 61629	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSHUA I. SMITH DIRECTOR C/O CATERPILLAR INC., CORPORATE SECRETARY 100 NE ADAMS STREET PEORIA, IL 61629	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MILES D. WHITE DIRECTOR C/O CATERPILLAR INC., CORPORATE SECRETARY 100 NE ADAMS STREET PEORIA, IL 61629	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADLEY M. HALVERSON GROUP PRES./CFO 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD J. UMPLEBY III GROUP PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY H. BELL GROUP PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS J. BLUTH GROUP PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID P. BOZEMAN GROUP PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT B. CHARTER VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	QI HUA CHEN VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK J. CRESPO VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER C. CURFMAN VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAOLO FELLIN VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN L. FISHER VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY S. FOLLEY VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS G. FRAKE VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN A. GOSSELIN VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HANS A. HAEFELI VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLY S. HAUER VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GWENNE A. HENRICKS VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENISE C. JOHNSON VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES W. JOHNSON VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHRYN D. KAROL VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDY KROTOWSKI VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIE A. LAGACY VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN P. LARSON VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NIGEL A. LEWIS VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS PELLETTE VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM J. ROHNER VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK E. SWEENEY VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TANA L. UTLEY VICE PRESIDENT 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK G. HOLCOMBE ASST SECRETARY 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBIN D. BERAN ASST TREASURER 100 NE ADAMS STREET PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JONI J. FUNK	JONI J. FUNK, ASST SECRETARY	5/24/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.