

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90164 036 ***550.00

DOCUMENT # F01000005120

1. Entity Name
KOMATSU SILICON AMERICA, INC.

Principal Place of Business

**25300 NW EVERGREEN
HILLSBORO OR 97124**

Mailing Address

**25300 NW EVERGREEN
HILLSBORO OR 97124**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 93-1185678

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
C ☐ Delete
NAME
AOYAGI, KAZUHIRO
STREET ADDRESS
25300 NW EVERGREEN
CITY-ST-ZIP
HILLSBORO OR 97124

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
IKEDA, KUNIO
STREET ADDRESS
25300 NW EVERGREEN
CITY-ST-ZIP
HILLSBORO OR 97124

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
DP MATLOCK, JOHN
STREET ADDRESS
25300 NW EVERGREEN
CITY-ST-ZIP
HILLSBORO OR 97124

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
DV FUKUHARA, MASONORI
STREET ADDRESS
25300 NW EVERGREEN
CITY-ST-ZIP
HILLSBORO OR 97124

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
ST YUNO, MITSUO
STREET ADDRESS
25300 NW EVERGREEN
CITY-ST-ZIP
HILLSBORO OR 97124

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
TS TAYLOR, PAUL
STREET ADDRESS
5285 SW MEADOWS RD SUITE 370
CITY-ST-ZIP
LAKE OSWEGO OR 97035

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES/CEO

8/26/02

503

640-7009

Date

Daytime Phone #

CR2E034 (4/02)