

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002212 (8)

1. Corporation Name

MC MACHINERY SYSTEMS, INC.



Principal Place of Business

1500 MICHAEL DR.
WOOD DALE IL 60191

Mailing Address

ONE E. WACKER DRIVE
SUITE 3200
CHICAGO IL 60601
US

3. Date Incorporated or Qualified
04/29/1994

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 same	26 same	4. FEI Number 36-3766742	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	29 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country	30 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P OKAWA, HIDEO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1500 MICHAEL DR.	1.2 NAME	Tadahiko Akutagawa
STREET ADDRESS	WOOD DALE IL 60191	1.3 STREET ADDRESS	1500 Michael Dr.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Wood Dale, IL 60191
TITLE	EVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIBATA, MINORU	2.2 NAME	
STREET ADDRESS	1500 MICHAEL DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WOOD DALE IL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOSHIOKA, SHIRO	3.2 NAME	Yoshioka, Shiro
STREET ADDRESS	1500 MICHAEL DR.	3.3 STREET ADDRESS	1500 MICHAEL DR.
CITY-ST-ZIP	WOOD DALE IL 60191	3.4 CITY-ST-ZIP	WOOD DALE, IL 60191
TITLE	TS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAMAGUCHI, NORIO	4.2 NAME	
STREET ADDRESS	1500 MICHAEL DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WOOD DALE IL 60191	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSUNASHIMA, YUICHI	5.2 NAME	
STREET ADDRESS	1500 MICHAEL DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WOOD DALE IL 60191	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARISI, JOSEPH S	6.2 NAME	
STREET ADDRESS	ONE E. WACKER DR., STE. 3200	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601-1802	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Norio Yamaguchi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Norio Yamaguchi, Secretary/Treasurer

708-860-4206

Date

Daytime Phone #

CR2E034 (12/95)