

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000000740 (9)**

1. Corporation Name
US KOMATSU INC.



Principal Place of Business: **200 TRI-STATE INTERNATIONAL LINCOLNSHIRE IL 60069**
Mailing Address: **200 TRI-STATE INTERNATIONAL LINCOLNSHIRE IL 60069**

3. Date Incorporated or Qualified: **02/14/1995**
3a. Date of Last Report: **02/14/1995**
4. FEI Number: **36-3981934**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	ANZAKI, SATORU	
STREET ADDRESS	200 TRI-STATE INTERNATIONAL	
CITY-ST-ZIP	LINCOLNSHIRE IL 60069	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SAKAMOTO, KENZO	
STREET ADDRESS	200 TRI-STATE INTERNATIONAL	
CITY-ST-ZIP	LINCOLNSHIRE IL 60069	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NAKAMURA, MAKOTA	
STREET ADDRESS	200 TRI-STATE INTERNATIONAL	
CITY-ST-ZIP	LINCOLNSHIRE IL 60069	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KOBAYASHI, MASAHIRO	
STREET ADDRESS	200 TRI-STATE INTERNATIONAL	
CITY-ST-ZIP	LINCOLNSHIRE IL 60069	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sakane, Masahiro	
1.3 STREET ADDRESS	2-3-6 Akasaka, Minato-KU	
1.4 CITY-ST-ZIP	Tokyo Japan	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Miura, Takeo	
2.3 STREET ADDRESS	2-3-6 Akasaka, Minato-KU	
2.4 CITY-ST-ZIP	Tokyo Japan	
3.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nakamura, Makoto	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Makoto Nakamura* **Makoto Nakamura** 4/23/96 847-831-6714

CR2E034 (12/95)