

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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**

2. Principal Place of Business

21 **440 North Fairway Drive**

22

23 **Vernon Hills, IL**

24 **60061** 25 **USA**

3. Date Incorporated or Qualified: **02/14/1995**

3a. Date of Last Report: **05/01/1996**

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

2a. Mailing Address

26 **440 North Fairway Drive**

27

28 **Vernon Hills, IL**

29 **60061** 30 **USA**

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 _____ (NOTE: Registered Agent signature required w/ on reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAKANE, MASAHIRO	1.2 NAME	
STREET ADDRESS	2-3-6 AKASAKA, MINATO-KU	1.3 STREET ADDRESS	
CITY-ST-ZIP	TOKYO JA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIURA, TAKCO	2.2 NAME	Masaru Fukase
STREET ADDRESS	2-3-6 AKASAKA, MINATO-KU	2.3 STREET ADDRESS	
CITY-ST-ZIP	TOKYO JA	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKAMURA, MAKOTO	3.2 NAME	
STREET ADDRESS	200 TRI-STATE INTERNATIONAL	3.3 STREET ADDRESS	440 North Fairway Drive
CITY-ST-ZIP	LINCOLNSHIRE IL	3.4 CITY-ST-ZIP	Vernon Hills, IL 60061
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOBAYASHI, MASAHIRO	4.2 NAME	Masanori Sakaguchi
STREET ADDRESS	200 TRI-STATE INTERNATIONAL	4.3 STREET ADDRESS	440 North Fairway Drive
CITY-ST-ZIP	LINCOLNSHIRE IL 60069	4.4 CITY-ST-ZIP	Vernon Hills, IL 60061
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Sandra B. Mortham* **MAKOTO NAKAMURA** 4/16/97 847-970-4100

CR2E034 (9/96)