

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90171 003 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F95000000740

1. Corporation Name  
**US KOMATSU INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**440 N FAIRWAY DR  
 VERNON HILLS IL 60061  
 US**

Mailing Address  
**440 N FAIRWAY DR  
 VERNON HILLS IL 60061  
 US**

3. Date Incorporated or Qualified  
**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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D SAKANE, MASAHIRO</b>
STREET ADDRESS	<b>2-3-6 AKASAKA, MINATO-KU</b>
CITY-ST-ZIP	<b>TOKYO JA</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VPD HISASHI, WADA</b>
STREET ADDRESS	<b>2-3-6 AKASAKA, MINATO-KU</b>
CITY-ST-ZIP	<b>TOKYO JA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PTD NAKAMURA, MAKOTO</b>
STREET ADDRESS	<b>440 N FAIRWAY DR</b>
CITY-ST-ZIP	<b>VERNON HILLS IL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S SAKAGUCHI, MASANORI</b>
STREET ADDRESS	<b>440 N FAIRWAY DR</b>
CITY-ST-ZIP	<b>VERNON HILLS IL</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Vice President, Director</b>
2.3 STREET ADDRESS	<b>Yukikazu Tsuji</b>
2.4 CITY-ST-ZIP	<b>2-3-6 Akasaka, Minato-ku Tokyo, Japan 107</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 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, with all other like empowered.

SIGNATURE: *Makoto Nakamura* **Makoto Nakamura** (847) 970-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)

**KOMATSU**

F95000000740  
446890-90171-3

**US Komatsu Inc.**

**36-3981934**

**Officers & Directors**

**Officers and Directors whose business address is:**

2-3-6 Akasaka  
Minato - ku  
Tokyo 107 Japan

Masahiro Sakane

Director

Yukikazu Tsuji

Vice President, Director

**Officers and Directors whose business address is:**

440 North Fairway Drive  
Vernon Hills, IL 60061

Makoto Nakamura

President

Masanori Sakaguchi

Secretary



**US Komatsu Inc.**  
**36-3981934**  
**Officers & Directors**

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446890-90171-  
3

**Directors**

Masahiro Sakane	1-8-9 Miyazono Nagareyama - City Chiba Prefecture, Japan 270-01
Yukikazu Tsuji	Mezon Yokohama Noukenda A-314, Horiguchi 12-72, Kanagawa-ku Yokohama-city, Japan

**Officers**

Makoto Nakamura	317 Rivershire Court Lincolnshire, IL 60069 DOB 5/31/46 SS# 187-56-1108
Yukikazu Tsuji	Mezon Yokohama Noukenda A-314, Horiguchi 12-72, Kanagawa-ku Yokohama-city, Japan DOB 7/13/46 SS# N/A
Masanori Sakaguchi	1501 East Central Rd., #234 Arlington Heights, IL 60005 DOB 8/26/58 SS# 332-92-8960

**Title**

President  
Effective: 7/1/97

Vice President  
Effective: 6/1/98

Secretary  
Effective: 3/1/96