


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90297 013 \*\*\*150.00

**DOCUMENT # F95000000740**

1. Entity Name  
**US KOMATSU INC.**



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

**34033438**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



03312004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**36-3981934**      Not Applicable

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
<b>CT CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YANAI, YOSHIO</b>	NAME	
STREET ADDRESS	<b>440 N FAIRWAY DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VERNON HILLS, IL 60061</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AKASHI, TOSHIO</b>	NAME	
STREET ADDRESS	<b>2-3-6 A KASAKA, MINATO-KU</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TOKYO 107, JAPAN,</b>	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del><b>MURAKAMI, TOSHIKAZU</b></del>	NAME	<b>S Hakuo Kono</b>
STREET ADDRESS	<b>440 N. FAIRWAY DRIVE</b>	STREET ADDRESS	<b>440 N. Fairway Drive</b>
CITY-ST-ZIP	<b>VERNON HILLS, IL 60061</b>	CITY-ST-ZIP	<b>Vernon Hills, IL 60061</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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