


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000000740

1. Entity Name
US KOMATSU INC.



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

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



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3981934

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	YANAI, YOSHIO
STREET ADDRESS	440 N FAIRWAY DR
CITY-ST-ZIP	VERNON HILLS, IL 60061
TITLE	D
NAME	AKASHI, TOSHIO
STREET ADDRESS	2-3-6 A KASAKA, MINATO-KU
CITY-ST-ZIP	TOKYO 107, JAPAN,
TITLE	S
NAME	KONO, HAKUO
STREET ADDRESS	440 N. FAIRWAY DRIVE
CITY-ST-ZIP	VERNON HILLS, IL 60061
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000515442
 04/29/06-80205-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* **Hakuo Kono** **(847) 970-4100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **50 88** Date _____ Daytime Phone # _____