


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90387 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**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1701 W. Golf Road **1701 W. Golf Road**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Rolling Meadows, IL **Rolling Meadows, IL**

Zip Country Zip Country

60008 **USA** **60008** **USA**

6. Name and Address of Current Registered Agent

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

40000000



04092007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

36-3981934 Not Applicable

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

7. Name and Address of New Registered Agent

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, 2007 Fee will be \$550.00

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

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	YANAI, YOSHIO	
STREET ADDRESS	440 N FAIRWAY DR	
CITY-ST-ZIP	VERNON HILLS, IL 60061	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AKASHI, TOSHIO	
STREET ADDRESS	2-3-6 A KASAKA, MINATO-KU	
CITY-ST-ZIP	TOKYO 107, JAPAN,	
TITLE	S	<input type="checkbox"/> Delete
NAME	KONO, HAKUO	
STREET ADDRESS	440 N. FAIRWAY DRIVE	
CITY-ST-ZIP	VERNON HILLS, IL 60061	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Kasbeer	
STREET ADDRESS	1701 W. Golf Road	
CITY-ST-ZIP	Rolling Meadows, IL 60008	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hiroshi Yasuda	
STREET ADDRESS	1701 W. Golf Road	
CITY-ST-ZIP	Rolling Meadows, IL 60008	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1701 W. Golf Road	
CITY-ST-ZIP	Rolling Meadows, IL 60008	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Hakuo Kono 4/16/07 (847)437-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #