SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000000812 (6)**

1. Corporation Name
MARUBENI CONSTRUCTION MACHINERY (AMERICA), INC.

Principal Place of Business	Mailing Address
8401 N.W. 53RD TER. SUITE 107 MIAMI FL 33166	8401 N.W. 53RD TER. SUITE 107 MIAMI FL 33166

3. Date Incorporated or Qualified: 02/17/1995
3a. Date of Last Report: 07/25/94

2. Principal Place of Business	2a. Mailing Address
21 200 E. RANDOLPH DRIVE	26 200 E. RANDOLPH DRIVE
Suite, Apt. #, etc 22 SUITE 4838	Suite, Apt. #, etc 27 SUITE 4838
City & State 23 CHICAGO, ILLINOIS	City & State 28 CHICAGO, ILLINOIS
Zip / Country 24 60601-6524 / 25 U.S.A.	Zip / Country 29 60601-6524 / 30 U.S.A.

4. FEI Number: APPLIED FOR 13-3486553 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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, type or print name of registered agent, and title if applicable (NOTE: Registered Agent's signature required if changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	EXECUTIVE VICE PRESIDENT	☐ Change ☒ Addition
NAME	KATAOKA, MASAYUKI		12 NAME	KUWAHARA, KOICHI	
STREET ADDRESS	175 N. HARBOR DR.		13 STREET ADDRESS	6205 S.W. KENDALE LAKES CIRCLE	
CITY-ST-ZIP	CHICAGO IL 60601		14 CITY-ST-ZIP	# F280, MIAMI, FL 33186	
TITLE	VS	☒ DELETE	21 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	FUKUDA, SHIGERU		22 NAME	WATANABE, NORITSUGU	
STREET ADDRESS	8621 S.W. 80TH CT.		23 STREET ADDRESS	2225 MONTECITO DRIVE	
CITY-ST-ZIP	MIAMI FL 33143		24 CITY-ST-ZIP	SAN MARINO, CA 91408	
TITLE	VT	☐ DELETE	31 TITLE	VP,SECRETARY & TREAS.	☒ Change ☐ Addition
NAME	SHIMIZU, ATSUSHI		32 NAME	SHIMIZU, ATSUSHI	
STREET ADDRESS	1420 PENDLETON LN.		33 STREET ADDRESS	3817 MICHAEL LANE	
CITY-ST-ZIP	GLENVIEW IL 60025		34 CITY-ST-ZIP	GLENVIEW, IL 60025	
TITLE	D	☐ DELETE	41 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	YOSHIJIMA, KENSUKE		42 NAME	HARADA, MASAMI	
STREET ADDRESS	7-2-21 KITAKARASUYAMA SETAGAYA-KU		43 STREET ADDRESS	7-20-32 OKAMURA ISOGO-KU	
CITY-ST-ZIP	TOKYO, JAPAN		44 CITY-ST-ZIP	YOKOHAMA, JAPAN	
TITLE	D	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	ANABUKI, HIROYUKI		52 NAME		
STREET ADDRESS	1300 N. LAKE SHORE DR.		53 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60610		54 CITY-ST-ZIP		
TITLE	D	☒ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	HOSHINA, MASAHIRO		62 NAME		
STREET ADDRESS	81-1 NASHIMOTO NIJYUUSEIKI GA OKA		63 STREET ADDRESS		
CITY-ST-ZIP	CHIBA, JAPAN		64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/12/96 (312) 222-6228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #