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Apr 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
200 E. RANDOLPH DR. 200 E. RANDOLPH DR.  
4838 4838  
CHICAGO IL 33168 CHICAGO IL 60601-6524  
US US

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

3. Date Incorporated or Qualified 3a. Date of Last Report  
02/17/1995 06/18/1996

4. FEI Number 13-3486553 ☒ Applied For  
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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

Signature of person providing name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KATAOKA, MASAYUKI	
STREET ADDRESS	175 N. HARBOR DR.	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	KUWAHARA, KOICHI	
STREET ADDRESS	6205 S.W. KENDALE LAKES CIR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	SHIMIZU, ATSUSHI	
STREET ADDRESS	1420 PENDLETON LN.	
CITY-ST-ZIP	GLENVIEW IL 60025	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOSHIIJIMA, KENSUKE	
STREET ADDRESS	7-2-21 KITAKARASUYAMA SETAGAYA-KU	
CITY-ST-ZIP	TOKYO, JAPAN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATANABE, NORITSUGU	
STREET ADDRESS	225 MONTECITO DR.	
CITY-ST-ZIP	SAN MARINO CA	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	SHIMIZU, ATSUSHI	
STREET ADDRESS	3817 MICHAEL LANE	
CITY-ST-ZIP	GLENVIEW IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	MIAMI FL 33183
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	D
33 STREET ADDRESS	MR MASAMI HARADA
34 CITY-ST-ZIP	7-20-32 OKAMURA, ISOGO-KU YOKOHAMA 235, JAPAN
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	SAN MARINO CA 91108
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	GLENVIEW IL 60025

14. I do 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 7, 1997

Date Daytime Phone #

CR2E034 (9/96)