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Apr 15, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000000812**

1. Corporation Name

MARUBENI CONSTRUCTION MACHINERY (AMERICA), INC.



Principal Place of Business 200 E. RANDOLPH DR. 4838 CHICAGO IL 33166 US	Mailing Address 200 E. RANDOLPH DR. 4838 CHICAGO IL 33166 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1995

2. Principal Place of Business 21 200 E. RANDOLPH DR.	2a. Mailing Address 26 200 E. RANDOLPH DR.
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Suite, Apt. #, etc. 22 SUITE 4838	Suite, Apt. #, etc. 27 SUITE 4838
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City & State 23 CHICAGO, ILLINOIS	City & State 28 CHICAGO, ILLINOIS
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Zip 24 60601-6524	Country 25 u s a	Zip 29 60601-6524	Country 30 U S A
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4. FEI Number 13-3486553	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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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 owes the current year Intangible Personal Property Tax. ☐ 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	TODOROKI, TOMIKAZU	1.2 NAME	
STREET ADDRESS	175 N HARBOR DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	1.4 CITY-ST-ZIP	
TITLE	EVP	2.1 TITLE	
NAME	KUWAHARA, KOICHI	2.2 NAME	
STREET ADDRESS	6205 S.W. KENDALE LAKES CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WATANABE, NORITSUGU	3.2 NAME	
STREET ADDRESS	225 MONTECITO DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MARION CA 91108	3.4 CITY-ST-ZIP	
TITLE	VPST	4.1 TITLE	
NAME	SHIMIZU, ATSUSHI	4.2 NAME	
STREET ADDRESS	3817 MICHAEL LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GLENVIEW IL 60025	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

Date

312-470-5108

Daytime Phone #

CR2E034 (11/98)