

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000812

1. Entity Name

MARUBENI CONSTRUCTION MACHINERY (AMERICA), INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90121 049 \*\*\*150.00

0567066

Principal Place of Business  
200 EAST RANDOLPH DRIVE  
SUITE 4838  
CHICAGO IL 60601-6524  
US

Mailing Address  
200 EAST RANDOLPH DRIVE  
SUITE 4838  
CHICAGO IL 60601-6524  
US

00045004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
9450 W. Bryn Mawr Ave.  
Suite, Apt. #, etc.  
Suite 520

3. Mailing Address  
9450 W. Bryn Mawr Ave.  
Suite, Apt. #, etc.  
Suite 520

City & State  
Rosemont, IL

City & State  
Rosemont, IL

4. FEI Number 13-3486553  
Applied For  
Not Applicable

Zip Country  
600018 USA

Zip Country  
60018 USA

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

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐  
FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State  
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TODOROKI, TOMIKAZU 175 N HARBOR DR CHICAGO IL 60601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP KUWAHARA, KOICHI 6205 S.W. KENDALE LAKES CIR. MIAMI FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUZUKI, HARUKI 2225 MONTECITO DRIVE SAN MARION CA 91108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SHIMIZU, ATSUSHI 3817 MICHAEL LANE GLENVIEW IL 60025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIYAZAKI, HISASHI 4-9-16-503 SHIRAKAWA, KOHON-KU TOKYO, JAPAN T13	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director 4-2 Ohtemachi 1-chome, Chiyoda-ku Tokyo, Japan 100-8088	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	450 Lexington Avenue New York, NY 10017	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Hironori Okajima 9450 W. Bryn Mawr Ave. Suite 520 Rosemont, IL 60018	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hironori Okajima April 20, 2001 (847)928-9018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)