

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000001603 (6)

1. Corporation Name

KOMATSU MINING SYSTEMS, INC.

Principal Place of Business  
440 NORTH FAIRWAY DRIVE  
VERNON HILLS IL 60061-8112

Mailing Address  
440 NORTH FAIRWAY DRIVE  
VERNON HILLS IL 60061-8112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/28/1997

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

~~APPLIED FOR~~ 36-4142110

Not Applicable

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 ☐ DELETE  
NAME TUCKER, ARLIE G  
STREET ADDRESS 440 N. FAIRWAY DR.  
CITY-ST-ZIP VERNON HILLS IL 60061-8112

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME BOZE, MICHAEL J  
STREET ADDRESS 440 N. FAIRWAY DR.  
CITY-ST-ZIP VERNON HILLS IL 60061-8112

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME SINGER, MICHAEL I  
STREET ADDRESS 440 N. FAIRWAY DR.  
CITY-ST-ZIP VERNON HILLS IL 60061-8112

3.1 TITLE Vice President, Secretary ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME MCCORD, EDSON  
STREET ADDRESS 2300 N. FAIRWAY DR.  
CITY-ST-ZIP VERNON HILLS IL 61161-8112

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 2300 N.E. Adams Drive  
4.4 CITY-ST-ZIP Peoria, IL 61639

TITLE ☐ DELETE  
NAME TAKIGUCHI, TETSUO  
STREET ADDRESS 440 N. FAIRWAY DR.  
CITY-ST-ZIP VERNON HILLS IL 60061-8112

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME NAKAMURA, MAKOTO  
STREET ADDRESS 449 N. FAIRWAY DR.  
CITY-ST-ZIP VERNON HILLS IL 60061-8112

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS 440 N. Fairway Drive  
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, 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 in an attachment with an address.

CR2E034 (10/97)