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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9700001603

KOMATSU MINING SYSTEMS, INC.

Principal Place of Business							
40 NORTH FAIRWAY DRIVE							
EDMONT IN LO II 00001 0110							

Mailing Address

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90119 014 \*\*\*150.00



440 NORTH FAIRWAY DRIVE 440 NORTH FAIRWAY DRIV VERNON HILLS IL 60061-8112 VERNON HILLS IL 60061-81					,			
	·				3. Date Incorporated or Qualifed	THIS SPACE		
					03/28/1997			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	<del></del>	Applied For	
21 26					36-4142110		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<b>"</b>		5. Certifcate of Status Desired	¥	\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
			Country					
24	25 29 30			Personal Property Tax. ☐ Yes ☐ No				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
o. Hame and Address of Carrent Hagistonics Agent				81 Name				
C T CORPORATION SYSTEM								
1200 SOUTH PINE ISLAND ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324			83					
			L.					
			84	'		FL   ~	p 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	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE: Re		it signature re		ATE		
12.	0,1,102,103		13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	CEOD	DELETE 1.1 TI				` Change	e	
NAME	, ,		1.2 NAME					
STREET ADDRESS			1.3 STREET	ADDRESS				
CITY-ST-ZIP	VERNON HILLS IL 60061-8112 1.4		1.4 CITY-S	T-ZIP				
TITLE	EVD DELETE 2.1		2.1 TITLE		Director	☐ Change	e Addition	
NAME	BOZE, MICHAEL J 22		2.2 NAME					
STREET ADDRESS	440 N. FAIRWAY DR.		2.3 STREET	FADORESS	سايات ي		د	
CITY-ST-ZIP	VERNON HILLS IL 60061-8112 2.4		2.4 CITY- S	T-ZIP				
TITLE	VPS □ DELETE 3.1		3.1 TITLE			Change	e	
NAME	SINGER, MICHAEL I 322		3.2 NAME					
STREET ADDRESS	440 N. FAIRWAY DR.		3.3 STREE	T ADDRESS			1	
CITY+ST+ZIP	VERNON HILLS IL 60061-8112 3.4.		3.4. CITY-S					
TITLE			4.1 TITLE		Chairman, CEO, Director	🔀 Chang	e 🔲 Addition	
NAME	MCCORD, EDSON 4.2N		4. 2 NAME		_		ļ	
STREET ADDRESS	COOR ALE ADAMO DOME		4.3 STREET ADDRESS 44		140 N. Fairway Drive Vernon Hills IL 60061			
CITY-ST-ZIP	PEORIA IL 61639 44		4.4 CITY-ST-ZIP Ve		Vernon Hills IL 60061			
TITLE	EVD	☐ DELETE	5.1 TITLE		President, COO, Director	Chang.	e	
NAMÉ			5.2 NAME	i	The same of management		j	
STREET ADDRESS	ALO N. ENDWAY DO		5.3 STREE	TADORESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			1	
TITLE	T	☐ DELETE	6.1 TITLE			Change	e Addition	
NAME	NAKAMURA, MAKOTO		6.2 NAME				İ	
STREET ADDRESS	440 N FAIRWAY DRIVE		6.3 STREE	TADDRESS		•	\	
	VERNON HILLS IL 60061-8112	. !	6.4 CITY-S					
CITY-ST-ZIP		th this filing does not qualify for th			l in Section 119.07(3)(i), Florida Statutes. I furth	er certify that the	e 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 bestee 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:

EQUIRED Michael I Singer 4-28-99