


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

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

05-04-1999 90017 010 \*\*\*150.00

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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 # F97000005404

1. Corporation Name  
KOMATSU UTILITY CORPORATION

Principal Place of Business 440 N. FAIRWAY P.O. BOX 8112 VERNON HILLS IL 60061-8112	Mailing Address 440 N. FAIRWAY P.O. BOX 8112 VERNON HILLS IL 60061-8112
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/14/1997	
4. FEI Number 36-4170483		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKAMURA, KENICHI	1.2 NAME	
STREET ADDRESS	440 N. FAIRWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON HILLS IL 60061-8112	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKAMURA, MAKOTO	2.2 NAME	
STREET ADDRESS	440 N. FAIRWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON HILLS IL 60061-8112	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRZELAK, DAVID W	3.2 NAME	
STREET ADDRESS	440 N. FAIRWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON HILLS IL 60061-8112	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAMAKAWA, AKIRA	4.2 NAME	
STREET ADDRESS	440 N. FAIRWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON HILLS IL 60061-8112	4.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARDO, DAVID D	5.2 NAME	
STREET ADDRESS	440 N. FAIRWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON HILLS IL 60061-8112	5.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, DAVID M	6.2 NAME	
STREET ADDRESS	440 N. FAIRWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON HILLS IL 60061-8112	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: David D. Nardo 4-27-99 (847) 970-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

**KOMATSU UTILITY CORPORATION**

**DIRECTORS AND OFFICERS**

Date of Incorporation: 07/15/97

475597-90017-10  
F97000005404

**Home Address**

**Office**

Kenichi Nakamura  
2817 Farmington Road  
Northbrook, IL 60062  
SSN 561-37-4713  
DOB: 05/08/42

President & Director

Makoto Nakamura  
317 Rivershire Court  
Lincolnshire, IL 60069  
SSN: 187-56-1108  
DOB: 05/31/46

Director

David W. Grzelak  
60 Coventry Lane  
North Barrington, IL 60010  
SSN: 170-42-0635  
DOB: 11/05/49

Director

Akira Yamakawa  
942 N. Maple Avenue  
Palatine, IL 60067  
SSN: 151-83-1570  
DOB: 09/03/54

Vice President Sales

David D. Nardo  
936 Quaker Hill Lane  
Libertyville, IL 60048  
SSN: 277-38-6988  
DOB: 10/11/42

VP, General Counsel & Secretary

David M. Kelly  
902 Adderly Lane  
Gurnee, IL 60031  
SSN: 358-42-0739  
DOB: 07/06/65

Controller

**Business Address For All**

440 N. Fairway Drive  
Vernon Hills, IL 60061