

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 10:55

DOCUMENT # M05000005505

1. Entity Name
KOMATSU SILICON AMERICA LLC



Principal Place of Business
1915 NW AMBERGLEN PARKWAY
SUITE 200
BEAVERTON, OR 97006

Mailing Address
1915 NW AMBERGLEN PARKWAY
SUITE 200
BEAVERTON, OR 97006

900074754469
05/17/06--01017--006 **300.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
94-1715128

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MATLOCK, JOHN
STREET ADDRESS 1915 NW AMBERGLEN PARKWAY
CITY-ST-ZIP BEAVERTON, OR 97006

TITLE Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME MCVEAN, BRUCE
STREET ADDRESS 1915 NW AMBERGLEN PARKWAY
CITY-ST-ZIP BEAVERTON, OR 97006

TITLE Secretary & Treasurer ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME KASBER, GARY
STREET ADDRESS 440 N. FAIRWAY DR.
CITY-ST-ZIP VERNON HILLS, IL 60061

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President ☐ Change ☒ Addition
NAME Ah K Lum
STREET ADDRESS 1915 NW Amberglen Parkway
CITY-ST-ZIP Beaverton, OR 97006

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice-President ☐ Change ☒ Addition
NAME Mitsuo Yuno
STREET ADDRESS 1915 NW Amberglen Parkway
CITY-ST-ZIP Beaverton, OR 97006

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-12-06 503-640-7024
Date Daytime Phone #