
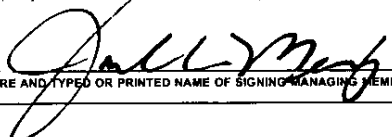


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90034 039 ****50.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 94-1715128	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATLOCK, JOHN 1915 NW AMBERGLEN PARKWAY BEAVERTON, OR 97006	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gary Kasbeer 1701 W Golf Road. Rolling Meadows, IL 60008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCVEAN, BRUCE 1915 NW AMBERGLEN PARKWAY BEAVERTON, OR 97006	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUM, AH K 1915 NW AMBERGLEN PKWY BEAVERTON, OR 97006	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YUNO, MITSUO 1915 NW AMBERGLEN PKWY BEAVERTON, OR 97006	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				4-19-07 847-437-5800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

60050412



04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number
94-1715128

Applied For
Not Applicable

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MATLOCK, JOHN	
STREET ADDRESS	1915 NW AMBERGLEN PARKWAY	
CITY-ST-ZIP	BEAVERTON, OR 97006	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCVEAN, BRUCE	
STREET ADDRESS	1915 NW AMBERGLEN PARKWAY	
CITY-ST-ZIP	BEAVERTON, OR 97006	
TITLE	P	<input type="checkbox"/> Delete
NAME	LUM, AH K	
STREET ADDRESS	1915 NW AMBERGLEN PKWY	
CITY-ST-ZIP	BEAVERTON, OR 97006	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YUNO, MITSUO	
STREET ADDRESS	1915 NW AMBERGLEN PKWY	
CITY-ST-ZIP	BEAVERTON, OR 97006	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Kasbeer	
STREET ADDRESS	1701 W Golf Road.	
CITY-ST-ZIP	Rolling Meadows, IL 60008	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #