


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P15190
 1. Entity Name
KOMATSU AMERICA CORP.



Principal Place of Business Mailing Address
440 N FAIRWAY DR **440 N FAIRWAY DR**
VERNON HILLS, IL 60061 US **VERNON HILLS, IL 60061 US**

DO NOT WRITE IN THIS SPACE



03302006 No Chg-P CRZE034 (11/05)

4. FEI Number Applied For
94-1715128 Not Applicable

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

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD GRZELAK, DAVID 440 N FAIRWAY DRIVE VERNON HILLS, IL 60061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KASBEER, GARY 440 NORTH FAIRWAY DRIVE VERNON HILLS, IL 60061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS NARDO, DAVID D 440 N FAIRWAY DR VERNON HILLS, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OHASHI, TETSUJI 440 NORTH FAIRWAY DRIVE VERNON HILLS, IL 60061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD YANAI, YOSHI 440 NORTH FAIRWAY DRIVE VERNON HILLS, IL 60061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORRIS, BEN 440 NORTH FAIRWAY DRIVE VERNON HILLS, IL 60061

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 04/27/06-80058-023 150.00

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **David D. Nardo** 3-31-06 (847) 470-4100
SIGNING OFFICER OR DIRECTOR Date Daytime Phone #