

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P18733** (6)

1. Corporation Name

HITACHI CONSTRUCTION MACHINERY (AMERICA) CORPORATION



Principal Place of Business

Mailing Address

**20411 IMPERIAL VALLEY DRIVE
HOUSTON TX 77073-5504
US**

**P. O. BOX 73407
HOUSTON TX 77273-3407
US**

3. Date Incorporated or Qualified 04/07/1988	3a. Date of Last Report 05/01/1995
4. FEI Number 76-0167868	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"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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. City
84. State FL Zip Code 85

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RANDECKER, GERALD E	1.2 NAME	
STREET ADDRESS	20411 IMPERIAL VALLEY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	HASHIMOTO, KAZUHILO	2.2 NAME	HASHIMOTO, KAZUHIKO
STREET ADDRESS	1000 DEERE-HITACHI ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	KERNERSVILLE NC	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	BLOOM, JEFFREY W	3.2 NAME	
STREET ADDRESS	1000 DEERE-HITACHI RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KERNERSVILLE NC	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BURNS, JAMES M.	4.2 NAME	
STREET ADDRESS	1000 DEERE-HITACHI RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	KERNERSVILLE NC	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	MANABE, HITOSHI	5.2 NAME	
STREET ADDRESS	1000 DEERE-HITACHI ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	KERNERSVILLE NC	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	LEUFVEN, DARLENE	6.2 NAME	
STREET ADDRESS	20411 IMPERIAL VALLEY DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Darlene Leufven
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARLENE LEUFVEN

4/25/96

Date

713-821-2400

Daytime Phone #

CR2E034 (12/95)