2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P24011

1. Entity Name
MAZAK CORPORATION

Principal Place of Business	Mailing Address
8025 PRODUCTION DRIVE FflorENCE, KY 41042	PO BOX 970 FLORENCE, KY 41022-0970

DO NOT WRITE IN THIS SPACE

03312006 No Chg-P CR2E034 (11/05)

4. FEI Number
11-2161864
☐ Applied For
☐ 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

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000502226
04/25/06-80095-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	ITO, YOSHIAKI
STREET ADDRESS	149 KATHLEEN DR.
CITY-ST-ZIP	FT MITCHELL, KY 41017
TITLE	P
NAME	PAPKE, BRIAN J.
STREET ADDRESS	699 BENNETT WOOD CT
CITY-ST-ZIP	CINCINNITI, OH
TITLE	V
NAME	MATSUNAMI, KAZUNARI
STREET ADDRESS	2104 HUNTERSPOINT LNAE
CITY-ST-ZIP	CINCINNATI, OH 45244
TITLE	C
NAME	YAMAZAKI, TERUYUKI
STREET ADDRESS	1 NORIFUNE
CITY-ST-ZIP	JAPAN,
TITLE	D
NAME	YAMAZAKI, YOSHIHIKO
STREET ADDRESS	1 NORIFUNE
CITY-ST-ZIP	JAPAN,
TITLE	D
NAME	TSUNEHIKO, YAMAZAKI
STREET ADDRESS	1 NORIFUNE
CITY-ST-ZIP	JAPAN,

DO NOT WRITE IN THIS SPACE

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: _____ Yoshiaki Ito 4/3/2006 859-342-1685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #