


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90065 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36228
 1. Corporation Name
MITSUI MACHINERY DISTRIBUTION, INC.



Principal Place of Business BOX 429 BRIDGEPORT NJ 08014	Mailing Address BOX 429 BRIDGEPORT NJ 08014
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/01/1991	4. FEI Number 22-2115859	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

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	84 City
			FL
			85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KITAMURA, K.	1.2 NAME	M. TSUKUDA
STREET ADDRESS	850 MARSEILLES DRIVE	1.3 STREET ADDRESS	6303 Blue Lagoon Drive
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORIKOSHI, K.	2.2 NAME	
STREET ADDRESS	64 TENBY CHASE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	VOORHEES NJ 08043	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGAWA, S.	3.2 NAME	
STREET ADDRESS	1-2-1, OHEMACHI	3.3 STREET ADDRESS	
CITY-ST-ZIP	TOKYO JA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANABE, K.	4.2 NAME	
STREET ADDRESS	15-5, 1 CHOME, NISHI-SHIMBASHI	4.3 STREET ADDRESS	
CITY-ST-ZIP	MINATO-KU JA	4.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUCE, S.	5.2 NAME	PD RONALD JOHNSON
STREET ADDRESS	109 BORTONS ROAD	5.3 STREET ADDRESS	6 ALEXANDER COURT
CITY-ST-ZIP	MARLTON NJ	5.4 CITY-ST-ZIP	NOCKESSIN, DE 19707
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'ROURKE, W.J.	6.2 NAME	
STREET ADDRESS	2201 YELLOWSTONE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CINNAMINSON NJ	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *William J. O'Rourke* **REQUIRED** 3/30/99 609-467-3080
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034-11198