



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000055678		2. Exact name of the Corporation MAZAK CORPORATION			
3. Principal office address 8025 PRODUCTION DRIVE			City FLORENCE	State KY	Zip 41042
4. Business Phone No. 859-342-1685		5. State of Incorporation NY			
6. Brief description of the character of business conducted in Rhode Island SALES AND SERVICE OF MACHINE TOOLS AND RELATED PARTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name BRIAN J PAPKE			Vice-President Name KAZUNARI MATSUNAMI		
Street Address 8025 PRODUCTION DR			Street Address 8025 PRODUCTION DR		
City FLORENCE	State KY	Zip 41042	City FLORENCE	State KY	Zip 41042
Secretary Name DANIEL J SWEENEY			Treasurer Name DANIEL J SWEENEY		
Street Address 8025 PRODUCTION DR			Street Address 8025 PRODUCTION DR		
City FLORENCE	State KY	Zip 41042	City FLORENCE	State KY	Zip 41042
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name SAME AS ABOVE FOR ALL			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10000	CNP	0.00

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 SECRETARY OF STATE
 CORPORATIONS DIV
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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No _____
 By: _____

FILED

MAR 21 2012

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Daniel J Sweeney 2/20/2012
 Signature of Authorized Representative Date

DANIEL J. SWEENEY
 Print or Type Name of Authorized Representative

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