



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 110405		2. Name of Corporation Komatsu America Warranty Corp.			
3. Street Address Principal Business Office 440 N. Fairway Drive			City Vernon Hills	State IL	Zip 60061
4. Business Phone No. 847-970-4100		5. State of Incorporation DELAWARE			6. SIC Code 5744
7. Brief Description of the Character of Business Conducted in Rhode Island PURCHASE AND SALE OF EXTENDED WARRANTY FOR CONSTRUCTION EQUIPMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Osamu Yamazaki			Vice President Name Robert M. Boatman		
Street Address 440 N. Fairway Drive			Street Address 440 N. Fairway Drive		
City Vernon Hills	State IL	Zip 60061	City Vernon Hills	State IL	Zip 60061
Secretary Name David D. Nardo			Treasurer Name Gary Kasbeer		
Street Address 440 N. Fairway Drive			Street Address 440 N. Fairway Drive		
City Vernon Hills	State IL	Zip 60061	City Vernon Hills	State IL	Zip 60061
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Osamu Yamazaki			Director Name Gary Kasbeer		
Street Address 440 N. Fairway Drive			Street Address 440 N. Fairway Drive		
City Vernon Hills	State IL	Zip 60061	City Vernon Hills	State IL	Zip 60061
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000 COMM NO PAR VALUE			1,000	Common	No par value
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*110405\*

File Date 1-31-05  
Check No. 717412  
By: J.C.  
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.

David D. Nardo 1-28-2005  
Signature of Officer Date  
David D. Nardo  
Print or Type Name of Officer  
Secretary  
Title of Officer



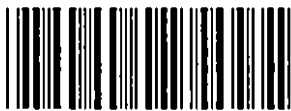
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <b>66419</b>		2. Name of Corporation <b>KOMATSU AMERICA CORP.</b>					
3. Street Address Principal Business Office <b>440 N. Fairway Drive</b>			City <b>Vernon Hills</b>	State <b>IL</b>	Zip <b>60061</b>		
4. Business Phone No. <b>847-970-4100</b>		5. State of Incorporation <b>GEORGIA</b>			6. SIC Code <b>8888</b>		
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO PURCHASE, DESIGN, EXPORT ETC. ALL TYPES OF CONSTRUCTION EQUIPMENT, MACHINE TOOL ETC.</b>							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name <b>CEO</b> <b>David Grzelak</b>			Vice President Name <b>Gary Aubry</b>				
Street Address <b>440 N. Fairway Drive</b>			Street Address <b>440 N. Fairway Drive</b>				
City <b>Vernon Hills</b>	State <b>IL</b>	Zip <b>60061</b>	City <b>Vernon Hills</b>	State <b>IL</b>	Zip <b>60061</b>		
Secretary Name <b>David D. Nardo</b>			Treasurer Name <b>Yoshi Yanai</b>				
Street Address <b>440 N. Fairway Drive</b>			Street Address <b>440 N. Fairway Drive</b>				
City <b>Vernon Hills</b>	State <b>IL</b>	Zip <b>60061</b>	City <b>Vernon Hills</b>	State <b>IL</b>	Zip <b>60061</b>		
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name <b>Kazuhiro Aoyagi</b>			Director Name <b>Kunihiko Komiyama</b>				
Street Address <b>2-3-6 Akasaka, Minato-ku</b>			Street Address <b>2-3-6 Akasaka, Minato-ku</b>				
City <b>Tokyo 107</b>	State <b>Japan</b>	Zip	City <b>Tokyo 107</b>	State <b>Japan</b>	Zip		
Director Name <b>David Grzelak</b>			Director Name <b>Ken Nakamura</b>				
Street Address <b>440 N. Fairway Drive</b>			Street Address <b>440 N. Fairway Drive</b>				
City <b>Vernon Hills</b>	State <b>IL</b>	Zip <b>60061</b>	City <b>Vernon Hills</b>	State <b>IL</b>	Zip <b>60061</b>		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES				
Number of Shares		Class/Series	Par Value	Number of Shares		Class/Series	Par Value
8,000,000		\$100.00	PAR VALUE	7,677,925		Common	\$100.00 Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 6 4 1 9 \*

File Date **2.17.09**  
Check No. **676148**  
By: **WP**

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.

Signature of Officer

**David D. Nardo**

Print or Type Name of Officer

**Secretary**

Title of Officer

**2/12/04**

Date



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <b>110405</b>		2. Name of Corporation <b>Komatsu America Warranty Corp.</b>		
3. Street Address Principal Business Office <b>440 North Fairway Drive</b>		City <b>Vernon Hills</b>	State <b>IL</b>	Zip <b>60061</b>
4. Business Phone No <b>847-970-4100</b>		5. State of Incorporation <b>DELAWARE</b>		6. SIC Code <b>5744</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>PURCHASE AND SALE OF EXTENDED WARRANTY FOR CONSTRUCTION EQUIPMENT.</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>Osamu Yamazaki</b>		Vice President Name <b>Robert M. Boatman</b>		
Street Address <b>440 N. Fairway Drive</b>		Street Address <b>440 N. Fairway Drive</b>		
City <b>Vernon Hills</b>	State <b>IL</b>	Zip <b>60061</b>	City <b>Vernon Hills</b>	State <b>IL</b>
Secretary Name <b>David D. Nardo</b>		Treasurer Name <b>Gary Kasbeer</b>		
Street Address <b>440 N. Fairway Drive</b>		Street Address <b>440 N. Fairway Drive</b>		
City <b>Vernon Hills</b>	State <b>IL</b>	Zip <b>60061</b>	City <b>Vernon Hills</b>	State <b>IL</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>Osamu Yamazaki</b>		Director Name <b>Gary Kasbeer</b>		
Street Address <b>440 N. Fairway Drive</b>		Street Address <b>440 N. Fairway Drive</b>		
City <b>Vernon Hills</b>	State <b>IL</b>	Zip <b>60061</b>	City <b>Vernon Hills</b>	State <b>IL</b>
Director Name <b>None</b>		Director Name <b>None</b>		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>3,000 COMM NO PAR VALUE</b>			<b>1,000</b>	<b>Common</b>
				<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 0 4 0 5 \*

File Date 2/20/04  
Check No. 676146  
By: SE

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.

Signature of Officer David D. Nardo Date 2-13-2004  
Print or Type Name of Officer  
Title of Officer Secretary



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 110405 2. Name of Corporation Komatsu America Warranty Corp.

3. Street Address Principal Business Office

440 N. Fairway Drive

City

Vernon Hills

State

IL

Zip

60061

4. Business Phone No.

847-970-4100

5. State of Incorporation

DELAWARE

6. SIC Code

5744

7. Brief Description of the Character of Business Conducted in Rhode Island

Selling Extended Warranty Policies

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Hidetaka Kita

Vice President Name

none

Street Address

1164 Georgetown Way

Street Address

City

Vernon Hills

State

IL

Zip

60061

City

State

Zip

Secretary Name

David D. Nardo

Treasurer Name

none

Street Address

936 Quaker Hills

Street Address

City

Libertyville

State

IL

Zip

60048

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Hidetaka Kita

Director Name

None

Street Address

1164 Georgetown Way

Street Address

City

Vernon Hills

State

IL

Zip

60061

City

State

Zip

Director Name

none

Director Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

3,000 COMM NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 0 4 0 5 \*

File Date: 2/24/03

Check No.: 636430

By: Sm

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.

Signature of Officer

Date

David D. Nardo

Print or Type Name of Officer

Secretary

Title of Officer

Form 630 12/02



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110405 2. Name of Corporation Komatsu America Warranty Corp.

3. Street Address Principal Business Office

440 N. Fairway Drive

City

Vernon Hills

State

IL

Zip

60061

4. Business Phone No.

(847) 970-4100

5. State of Incorporation

DELAWARE

6. SIC Code

5744

7. Brief Description of the Character of Business Conducted in Rhode Island

Selling Extended Warranty Policies

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Steve Day

Vice President Name

None

Street Address

22025 W. Vernon Ridge Drive

Street Address

City

Ivanhoe

State

IL

Zip

60060

City

State

Zip

Secretary Name

David D. Nardo

Treasurer Name

None

Street Address

936 Quaker Hills

Street Address

City

Libertyville

State

IL

Zip

60048

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Steve Day

Director Name

None

Street Address

22025 W. Vernon Ridge Drive

Street Address

City

Ivanhoe

State

IL

Zip

60060

City

State

Zip

Director Name

None

Director Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

3,000 COMM NO PAR VALUE

Number of Shares

Class/Series

Par Value

1,000 shares

Common

No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 0 4 0 5 \*

File Date: 2-11-02

Check No.: 849749

By: DL

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.

David D. Nardo 01-30-2002  
Signature of Officer Date

David D. Nardo  
Print or Type Name of Officer

Secretary  
Title of Officer

**KOMATSU AMERICA WARRANTY CORP.  
OFFICERS AND DIRECTORS**

**DIRECTORS:**

Steve Day  
22025 W. Vernon Ridge Drive  
Ivanhoe, IL 60060  
DOB 05/25/55 SS# 217-70-9296

**OFFICERS:**

Steve Day  
22025 W. Vernon Ridge Drive  
Ivanhoe, IL 60060  
DOB 05/25/55 SS# 217-70-9296

David D. Nardo  
936 Quaker Hill  
Libertyville, IL 60048  
DOB 10/11/42 SS# 277-38-6988

M. Gauss-Ehring  
192 E. Ranney Avenue  
Vernon Hills, IL 60061  
DOB 7/17/64 SS# 334-66-6004

B. Bock  
3500 N. Nordica  
Chicago, IL 60634  
DOB 6/22/69 SS# 356-68-7316

# **Komatsu America Warranty Corp.**

Officers and Directors whose business address is:

440 N. Fairway Drive  
P.O. Box 8112  
Vernon Hills, Illinois 60061-8112

Steve Day  
David D. Nardo  
Michelle Gaus Ehning  
B. Bock

President, Director  
Secretary  
Assistant Secretary  
Manager, Cash Management &  
Banking Relations



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110405 2. Name of Corporation Komatsu America Warranty Corp.

3. Street Address Principal Business Office

440 N. FAIRWAY DR.

City

State

Zip

VERNON HILLS IL

60061

4. Business Phone No.

847-970-4100

5. State of Incorporation  
DELAWARE

6. SIC Code

5744

7. Brief Description of the Character of Business Conducted in Rhode Island

SELLING OF EXTENDED WARRANTY POLICIES

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

STEVE DAY

Street Address

22025 W. VERNON RIDGE DR

City

State

Zip

IVANHOE IL 60060

Secretary Name

DAVID D. NARDO

Street Address

936 QUAKER HILL

City

State

Zip

LIBERTYVILLE IL 60048

Vice President Name

RAY ANDERSON

Street Address

640 MULLADY PARKWAY

City

State

Zip

LIBERTYVILLE IL 60048

Treasurer Name

Street Address

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

STEVE DAY

Street Address

22025 W. VERNON RIDGE DR

City

State

Zip

IVANHOE IL 60060

Director Name

VERNE TUTE

Street Address

17929 W. POND RIDGE CR.

City

State

Zip

GURNEE IL 60031

Director Name

RAY ANDERSON

Street Address

640 MULLADY PARKWAY

City

State

Zip

LIBERTYVILLE IL 60048

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

3,000 COMM NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

Common

NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 0 4 0 5 \*

File Date: 2/1

Check No.: 800558

By: [Signature]

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.

[Signature] 1/24/2001  
Signature of Officer Date

DAVID D. NARDO  
Print or Type Name of Officer

SECRETARY  
Title of Officer