

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214517029

1.) CORPORATION NAME:

KUBOTA TRACTOR CORPORATION

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F0266058**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3401 DEL AMO BLVD

CITY/ST/ZIP: TORRANCE, CA 90503

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MASATO YOSHIKAWA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3401 DEL AMO BOULEVARD		
CITY/ST/ZIP/CO:	TORRANCE, CA 90503-1636		

NAME:	SHINGO HANADA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3401 DEL AMO BOULEVARD		
CITY/ST/ZIP/CO:	TORRANCE, CO 90503-1636		

NAME:	KOSUKE OTA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3401 DEL AMO BLVD		
CITY/ST/ZIP/CO:	TORRANCE, CA 90503		

NAME:	KEITA TANIGUCHI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3401 DEL AMO BOULEVARD		
CITY/ST/ZIP/CO:	TORRANCE, CA 90503		

NAME:	IKUO HAYASHIDA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3401 DEL AMO BOULEVARD		
CITY/ST/ZIP/CO:	TORRANCE, CA 90503-1636		

NAME:	HARUYUKI YOSHIDA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3401 DEL AMO BOULEVARD		
CITY/ST/ZIP/CO:	TORRANCE, CA 90503		

NAME: HIRONOBU KUBOTA TITLE: DIRECTOR ADDRESS: 3401 DEL AMO BOULEVARD CITY/ST/ZIP/CO: TORRANCE, CA 90503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: RYO TSUJIYAMA TITLE: DIRECTOR ADDRESS: 3401 DEL AMO BOULEVARD CITY/ST/ZIP/CO: TORRANCE, CA 90503-1636	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KOSUKE OTA	KOSUKE OTA, TREASURER	3/31/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.