

**COMPLIANCE WITH STATEMENT OF BENEFITS
PERSONAL PROPERTY**

State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

PRIVACY NOTICE
This form contains confidential
information pursuant to
IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.**FORM CF-1 / PP****20 25 Pay 20 26**

- INSTRUCTIONS:**
1. Property owners whose Statement of Benefits was approved must file this form with the local designating body to show the extent to which there has been compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
 2. This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between January 1 and May 15, unless a filing extension under IC 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between January 1 and the extended due date of each year.
 3. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-1).

| SECTION 1 | | TAXPAYER INFORMATION | | | | | | |
|--|-------------------------|---|---|----------------|-----------------------------------|----------------|--------------|----------------|
| Name of Taxpayer Hitachi Astemo Indiana, Inc. | | County Hancock | | | | | | |
| Address of Taxpayer (number and street, city, state, and ZIP code) 400 W New Rd, Greenfield, IN 46140 | | DLGF Taxing District Number 30-009 | | | | | | |
| Name of Contact Person | | Telephone Number () | Email Address | | | | | |
| SECTION 2 | | LOCATION AND DESCRIPTION OF PROPERTY | | | | | | |
| Name of Designating Body Common Council of the City of Greenfield | | Resolution Number 2015-8 | Estimated State Date (month, day, year) 02/27/2014 | | | | | |
| Location of Property 400 W New Rd, Greenfield, IN 46140 | | Actual Start Date (month, day, year) | | | | | | |
| Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired. New Mfg, R&D, Logistical Distribution and IT Equipment - Building 8 | | Estimated Completion Date (month, day, year) 19/01/2015 | | | | | | |
| | | Actual Completion Date (month, day, year) | | | | | | |
| SECTION 3 | | EMPLOYEES AND SALARIES | | | | | | |
| EMPLOYEES AND SALARIES | | AS ESTIMATED ON SB-1 | ACTUAL | | | | | |
| Current Number of Employees | | 65 | 748 | | | | | |
| Salaries | | 3,600,000 | 37,271,427 | | | | | |
| Number of Employees Retained | | 65 | 65 | | | | | |
| Salaries | | 3,600,000 | 3,238,82 | | | | | |
| Number of Additional Employees | | | 683 | | | | | |
| Salaries | | | 34,032,600 | | | | | |
| SECTION 4 | | COST AND VALUES | | | | | | |
| | MANUFACTURING EQUIPMENT | | RESEARCH & DEVELOPMENT EQUIPMENT | | LOGISTICAL DISTRIBUTION EQUIPMENT | | IT EQUIPMENT | |
| AS ESTIMATED ON SB-1 | COST | ASSESSED VALUE | COST | ASSESSED VALUE | COST | ASSESSED VALUE | COST | ASSESSED VALUE |
| Values Before Project | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Plus: Values of Proposed Project | \$17,500,000 | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Less: Values of Any Property Being Replaced | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Net Values Upon Completion of Project | \$17,500,000 | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| ACTUAL | COST | ASSESSED VALUE | COST | ASSESSED VALUE | COST | ASSESSED VALUE | COST | ASSESSED VALUE |
| Values Before Project | \$14,948,382 | \$2,242,257 | \$ | \$ | \$ | \$ | \$ | \$ |
| Plus: Values of Proposed Project | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Less: Values of Any Property Being Replaced | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Net Values Upon Completion of Project | \$14,948,382 | \$2,242,257 | \$ | \$ | \$ | \$ | \$ | \$ |
| NOTE: The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.6(c). | | | | | | | | |
| SECTION 5 | | WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER | | | | | | |
| WASTE CONVERTED AND OTHER BENEFITS | | AS ESTIMATED ON SB-1 | ACTUAL | | | | | |
| Amount of Solid Waste Converted | | | | | | | | |
| Amount of Hazardous Waste Converted | | | | | | | | |
| Other Benefits: | | | | | | | | |
| SECTION 6 | | TAXPAYER CERTIFICATION | | | | | | |
| I hereby certify that the representations in this statement are true. | | | | | | | | |
| Signature of Authorized Representative <i>Takumi Ishida</i> | | Title Treasurer | Date Signed (month, day, year) May 15, 2025 6:07 AM | | | | | |

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