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FOREIGN LIMITED PARTNERSHIP

ASCO Power technologies, L.P.

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 9, 2004

CT CORPORATION SYSTEM

SUBJECT: ASCO POWER TECHNOLOGIES, L.P.
REF: W04000009416

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. ASCO Power Technologies, L.P.
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware _____ 4. 22-3693502 _____
(State of Formation) (Date of Formation)

5. C T Corporation System _____
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road _____
(Street Address of Registered Office)

Plantation _____ Florida _____ 33324 _____
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

C T Corporation System A
By: _____
(Agent must sign on this line)

8. 376 South North Lake Blvd., Suite 1000, Altamonte Springs, FL 32701 _____
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS
ASCO Switch Enterprises LLC - 50-60 Hanover Road, Florham Park, NJ 07932
MO4-1035

10. 50-60 Hanover Road, Florham Park, NJ 07932 _____
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

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12. 50-60 Hanover Road, Florham Park, NJ 07932

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 19th day of February, 2004

MS

General Partner

STATE OF Missouri

COUNTY OF St. Louis

On this 19th day of February, 2004

Harley M. Smith, personally appeared before me,

who is personally known to me

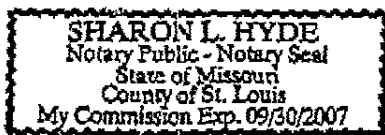
whose identity I proved on the basis of _____

Sharon L. Hyde
(Notary Public Signature)

Sharon L. Hyde
(Notary's Printed Name)

Seal

My Commission Expires: 9/30/2007



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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared H. M. Smith, Asst. Secretary of ASCO Switch Enterprises LLC
a general partner of ASCO Power Technologies, L.P., a (an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 41,161,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 11,056.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 3rd day of March, 2004.

HS

General Partner
H. M. Smith, Asst. Secretary, ASCO Switch Enterprises LLC

STATE OF Missouri
COUNTY OF St. Louis

On this 3rd day of March, 2004.

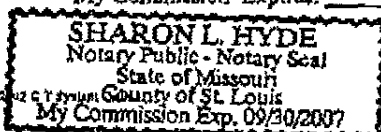
H. M. Smith, personally appeared before me,

- who is personally known to me
 whose identity I proved on the basis of _____

Sharon L. Hyde
(Notary Public Signature)

Sharon L. Hyde
(Notary's Printed Name)

Seal My Commission Expires: 9/30/2007



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