

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90298 043 \*\*\*150.00

**DOCUMENT # F03000001405**

1. Entity Name  
**ARTESYN COMMUNICATION PRODUCTS, INC.**



Principal Place of Business  
**8310 EXCELSIOR DRIVE  
MADISON, FL 53717**

Mailing Address  
**8310 EXCELSIOR DRIVE  
MADISON, FL 53717**

**50042157**



04132005 Chg-P CR2E034 (10/03)

4. FEI Number  
**39-1715857**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE CD ☐ Delete  
NAME O'DONNELL, JOSEPH M  
STREET ADDRESS 7900 GLADES ROAD, SUITE 500  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☒ Delete  
NAME AEBLI, ROBERT  
STREET ADDRESS 8310 EXCELSIOR DRIVE  
CITY-ST-ZIP MADISON, FL 53717

TITLE P ☒ Change ☐ Addition  
NAME Scott McCowan  
STREET ADDRESS 8310 Excelsior Dr.  
CITY-ST-ZIP Madison, WI 53717

TITLE VSD ☐ Delete  
NAME THOMPSON, RICHARD J  
STREET ADDRESS 7900 GLADES ROAD, SUITE 500  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME GERRITY, RICHARD F  
STREET ADDRESS 7900 GLADES ROAD, SUITE 500  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME LIBOW, DAVID I  
STREET ADDRESS 7900 GLADES ROAD, SUITE 500  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-13-05**

Date

**561-451-1000**

Daytime Phone #