F03000001405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : ~~969575~~ Patricia Tyler ~~4392335~~

AUTHORIZATION :

COST LIMIT : $ 1220.00

ORDER DATE : March 20, 2003

ORDER TIME : 11:00 am

ORDER NO. : 969575-010

CUSTOMER NO: 4392335

CUSTOMER: Ms. Marian Gustafson
Kirkpatrick & Lockhart Llp
599 Lexington Avenue

New York, NY 10022-6030

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08 MAR 20 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: ARTESYN COMMUNICATION PRODUCTS, INC.

There was a recent withdrawal filed for this same company, they were domestic in Delaware. This was supposed to be a file first, file second, but I needed approval for the filing fees. The withdrawal filed 3-19-2003.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 1114

EXAMINER: _____

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Artesyn Communication Products, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Wisconsin
(State or country under the law of which it is incorporated)

3. 39-1715857
(FEI number, if applicable)

4. 12/18/91
(Date of incorporation)

5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. 12/30/02
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 8310 Excelsior Drive, Madison, Wisconsin 53717
(Principal office address)

(Current mailing address)

8. Any lawful activity within the purposes for which corporations may be organized under the Wisconsin Business Corporation Law and the Florida Business Corporation Act
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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TALLAHASSEE, FLORIDA

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. **Names and business addresses of officers and/or directors:**

A. DIRECTORS

Chairman: See attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached officers/directors rider

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ASSISTANT SECRETARY DAVID LIBOW
(Typed or printed name and capacity of person signing application)

RIDER

ARTESYN COMMUNICATION RPODUCTS, INC.

OFFICERS & DIRECTORS

NAME	TITLE	BUSINESS ADDRESS
Joseph M. O'Donnell	Chairman, Chief Executive Officer and Director	7900 Glades Road Suite 500 Boca Raton, FL 33434
Robert Aebli	President	8310 Excelsior Drive Madison, WI 53717
Richard J. Thompson	Vice President, Chief Financial Officer, Secretary and Director	7900 Glades Road Suite 500 Boca Raton, FL 33434
Richard F. Gerrity	Treasurer	7900 Glades Road Suite 500 Boca Raton, FL 33434
David I. Libow	Assistant Secretary	7900 Glades Road Suite 500 Boca Raton, FL 33434

FILED

DOM
180 181 185

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

ARTESYN COMMUNICATION PRODUCTS, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is December 18, 1991.

I further certify that said corporation has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 19, 2003.

RAY ALLEN, Deputy Administrator
Division of Corporate & Consumer Services
Department of Financial Institutions

BY: Cathy Nickelson

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.