


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90019 047 \*\*\*150.00

<b>DOCUMENT # 327660</b> 1. Entity Name ARTESYN TECHNOLOGIES, INC.	
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Principal Place of Business 7900 GLADES RD. #500 BOCA RATON, FL 33434	Mailing Address 7900 GLADES ROAD #500 BOCA RATON, FL 33434 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01122004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1205269	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SAGER, BERT 6129 SW 70TH STREET MIAMI, FL 33143	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOSEPH M O'DONNELL 7900 GLADES RT #500 BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS OLLENDORFF, STEPHEN A. 100 PARK AVENUE NEW YORK, NY. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 599 LEXINGTON AVENUE NEW YORK, NY 10022-6030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS THOMPSON, RICHARD J. 7900 GLADES ROAD BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGER, BERT 6129 SW 70 STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LIBOW, DAVID I. 7900 GLADES RD., #500 BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS SOLOMON C/O SILENT RADIO, INC 144 NASSAU BLVD WEST HEMPSTEAD, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR WEST HEMPSTEAD, NY 11552

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **DAVID LIBOW - ASST. SEC.** 2-17-04 561-451-1000  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #