

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 327660

1. Entity Name
ARTESYN TECHNOLOGIES, INC.



Principal Place of Business
**7900 GLADES RD. #500
BOCA RATON, FL 33434**

Mailing Address
**7900 GLADES ROAD
#500
BOCA RATON, FL 33434 US**



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1205269

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SAGER, BERT
6129 SW 70TH STREET
MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	DP
NAME	JOSEPH M O'DONNELL
STREET ADDRESS	7900 GLADES RT #500
CITY - ST - ZIP	BOCA RATON, FL 33434
TITLE	DAS
NAME	OLLENDORFF, STEPHEN A.
STREET ADDRESS	599 LEXINGTON AVE.
CITY - ST - ZIP	NEW YORK, NY 100226030
TITLE	VS
NAME	THOMPSON, RICHARD J.
STREET ADDRESS	7900 GLADES RD.
CITY - ST - ZIP	BOCA RATON, FL 33434
TITLE	D
NAME	SAGER, BERT
STREET ADDRESS	6129 SW 70 ST.
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	AS
NAME	LIBOW, DAVID I.
STREET ADDRESS	7900 GLADES RD., #500
CITY - ST - ZIP	BOCA RATON, FL 33434
TITLE	D
NAME	LEWIS SOLOMON
STREET ADDRESS	C/O SILENT RADIO, INC 144 NASSAU BLVD
CITY - ST - ZIP	WEST HEMPSTEAD, NY 11552

000000317121
04/20/05-80004-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05

Date

561-451-1000

Daytime Phone #