


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90079 001 ***300.00

DOCUMENT # F03000001983 1. Entity Name MOLEX CONNECTOR CORPORATION	
--	---

Principal Place of Business 2222 WELLINGTON COURT LISLE, IL 60532	Mailing Address 2222 WELLINGTON COURT LISLE, IL 60532
---	---

DO NOT WRITE IN THIS SPACE

00001100



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4161983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHUBEL, RONALD L 2222 WELLINGTON COURT LISLE, IL 60532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROOT, DAVID B 2222 WELLINGTON COURT LISLE, IL 60532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HECHT, LOUIS A 2222 WELLINGTON COURT LISLE, IL 60532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEURER, FRANK J 2222 WELLINGTON COURT LISLE, IL 60532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KREHBIEL, FRED A 2222 WELLINGTON COURT LISLE, IL 60532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREHBIEL, JOHN H JR. 2222 WELLINGTON COURT LISLE, IL 60532

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)(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: *David B. Root* 01/26/2005 (630) 969-4550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #