

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90012 022 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                     |                                                                                                                     |                                                                                                                                                                                     |                                                                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F07000004153</b><br>1. Entity Name<br><b>LITTELFUSE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                                                                                     |                                                                                                                                                                                     |                                                                                                     |  |
| Principal Place of Business<br><b>800 E NORTHWEST HWY<br/>DES PLAINES, IL 60016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     |                                                                                                                     | Mailing Address<br><b>800 E NORTHWEST HWY<br/>DES PLAINES, IL 60016</b>                                                                                                             |                                                                                                                                                                                      |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     | 3. Mailing Address                                                                                                  |                                                                                                                                                                                     |                                                                                                                                                                                      |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     | Suite, Apt. #, etc.                                                                                                 |                                                                                                                                                                                     |                                                                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                     | City & State                                                                                                        |                                                                                                                                                                                     |                                                                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                             | Zip                                                                                                                 | Country                                                                                                                                                                             |                                                                                                                                                                                      |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     |                                                                                                                     |                                                                                                                                                                                     | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"><b>FL</b> Zip Code</div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                                                                                                     |                                                                                                                                                                                     |                                                                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                     |                                                                                                                                                                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                        |                                                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>DRISCOLL, JOHN P</b><br><b>800 E NORTHWEST HWY</b><br><b>DES PLAINES, IL 60016</b> <input type="checkbox"/> Delete   |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                      | <b>D</b><br><b>Chung, Tsau-Jin</b><br><b>800 E Northwest Hwy.</b><br><b>Des Plaines, IL 60016</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>GRILLO, ANTHONY</b><br><b>800 E NORTHWEST HWY</b><br><b>DES PLAINES, IL 60016</b> <input type="checkbox"/> Delete    |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                      | <b>TV</b><br><b>Dickinson, Paul M.</b><br><b>800 E Northwest Hwy.</b><br><b>Des Plaines, IL 60016</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>DCP</b><br><b>HUNTER, GORDON</b><br><b>800 E NORTHWEST HWY</b><br><b>DES PLAINES, IL 60016</b> <input type="checkbox"/> Delete   |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                      | <b>V</b><br><b>Franklin, Philip G.</b><br><b>800 E Northwest Hwy.</b><br><b>Des Plaines, IL 60016</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>MAJOR, JOHN E</b><br><b>800 E NORTHWEST HWY</b><br><b>DES PLAINES, IL 60016</b> <input type="checkbox"/> Delete      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                      | <b>S</b><br><b>Muchoney, Mary S.</b><br><b>800 East Northwest Hwy.</b><br><b>Des Plaines, IL 60016</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>SCHUBEL, RONALD L</b><br><b>800 E NORTHWEST HWY</b><br><b>DES PLAINES, IL 60016</b> <input type="checkbox"/> Delete  |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                      | <b>V</b><br><b>Stafford, Ryan K.</b><br><b>800 E Northwest Hwy.</b><br><b>Des Plaines, IL 60016</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>NOGLOWS, WILLIAM P</b><br><b>800 E NORTHWEST HWY</b><br><b>DES PLAINES, IL 60016</b> <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                      | <b>V</b><br><b>Forrest, Dal</b><br><b>800 E Northwest Hwy.</b><br><b>Des Plaines, IL 60016</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |                                                                                                                                     |                                                                                                                     |                                                                                                                                                                                     |                                                                                                                                                                                      |  |
| <b>SIGNATURE:</b> <i>Paul M. Dulin</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                                                                                     | <div style="text-align: right;"> <b>1/23/2008</b><br/> <small>Date</small> </div> <div style="text-align: right;"> <b>(847) 391-0490</b><br/> <small>Daytime Phone #</small> </div> |                                                                                                                                                                                      |  |