

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 07 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> F93000005109(4) 1. Corporation Name Artesyn Communication Products, Inc.f/k/a Heurikon Corp.			
Principal Place of Business 8310 Excelsior Dr. Madison, WI 53717		Mailing Address c/o Computer Products 7900 Glades Rd. #500 Boca Raton, FL 33434	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 11/12/93		4. FEI Number 39-1715857	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 N. MAGNOLIA STREET TALLAHASSEE, FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> CD <input type="checkbox"/> DELETE NAME Joseph M. O'Donnell STREET ADDRESS 7900 Glades Rd. #500 CITY - ST - ZIP Boca Raton, FL 33434		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
TITLE <input checked="" type="checkbox"/> VSTD <input type="checkbox"/> DELETE NAME Richard J. Thompson STREET ADDRESS 7900 Glades Rd. #500 CITY - ST - ZIP Boca Raton, FL 33434		2.1 TITLE V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE <input checked="" type="checkbox"/> P <input type="checkbox"/> DELETE NAME Robert J. Aebli STREET ADDRESS 8310 Excelsior Dr. CITY - ST - ZIP Madison, WI 53717		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE <input checked="" type="checkbox"/> AS <input type="checkbox"/> DELETE NAME Stephen A. Ollendorf STREET ADDRESS 100 Park Ave. CITY - ST - ZIP New York, NY		4.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Hartmut Liebel 4.3 STREET ADDRESS 7900 Glades Rd. #500 4.4 CITY - ST - ZIP Boca Raton, FL 33434	
TITLE <input checked="" type="checkbox"/> AS <input type="checkbox"/> DELETE NAME David I. Libow STREET ADDRESS 7900 Glades Rd., #500 CITY - ST - ZIP Boca Raton, FL 33434		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE <input checked="" type="checkbox"/> AS <input type="checkbox"/> DELETE NAME Bruce Dittmer STREET ADDRESS 8310 Excelsior Dr. CITY - ST - ZIP Madison, WI 53717		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Assistant Secretary Date 561-451-1026 Daytime Phone #	

CR2E034 (10/97)