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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90004 014 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005109

1. Corporation Name

ARTESYN COMMUNICATION PRODUCTS, INC.

Principal Place of Business

8310 EXCELSIOR DR.
MADISON WI 53717
US

Mailing Address

C/OCOMPUTER PRODUCTS, INC.
7900 GLADES RD., STE 500
BOCA RATON FL 33434
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1993

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

39-1715857

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

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

☐ DELETE

TITLE P

NAME AEBLI, ROBERT J
STREET ADDRESS 8310 EXCELSIOR DR.
CITY-ST-ZIP MADISON WI 53717

TITLE VSD ☐ DELETE

NAME THOMPSON, RICHARD J
STREET ADDRESS 7900 GLADES RD., SUITE 500
CITY-ST-ZIP BOCA RATON FL 33434

TITLE CD ☐ DELETE

NAME O'DONNELL, JOSEPH M.
STREET ADDRESS 7900 GLADES RD., STE 500
CITY-ST-ZIP BOCA RATON FL 33434

TITLE AS ☐ DELETE

NAME DITTMER, BRUCE
STREET ADDRESS 8310 EXCELSIOR DR.
CITY-ST-ZIP MADISON WI 53717

TITLE AS ☐ DELETE

NAME LIBOW, DAVID I
STREET ADDRESS 7900 GLADES RD., #500
CITY-ST-ZIP BOCA RATON FL 33434

TITLE AS ☐ DELETE

NAME OLLENDORFF, STEPHEN A
STREET ADDRESS 100 PARK AVE.
CITY-ST-ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST SECRETARY

4/30/99

561-451-1000

CR2E034 (11/98)