2001 UNIFORM BUSINESS REPORT (UBB)

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DOCUMENT # MOOODO 1247							
ARTESYN COMMUNICATION PRODUCTS LLC					SEGRETARY OF STATE TALLAHASSEE, FLORID	<u>A</u> -	
Principal Place of Business Mailing Address					- Pate Land		
8310 EXCELSIOR DRIVE 7900 GLADES				AD			
MADISON WI 53717-1911 SUITE 500					1		
		BOCA RATON,	FL	33434			
2. Principal P	3. Mailing Address	Mailing Address]			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number 52 – 2243262	Applied For Not Applicable	
Zip	Country	Zip	Co	intry		00 Additional Required	
	6. Name and Address of Currer	t Registered Agent			7. Name and Address of New Registered Age		
CORROLL CONTROL CONTROL				Name			
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Addres	ess (P.O. Box Number is Not Acceptable)		
TALLAHASEE, FL 32301-2525							
			:	City	FL Zip Code		
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.							
SIGNATURE Leborah 10 Skipper Deborah D. Skipper 10/11/01 Signature, typed or printed name of registered agent and title if applicable. Agent Secretariant signature required when reinstating) DATE							
A Sale Designation of the state							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State							
		Make Check Payabi	e to D	eparunent or	State		
9.	MANAGING MEMBI	ERS/MANAGERS	10.		ADDITIONS/CHANGES		
TITLE	CHAIRMAN	Delete	ПП			Change Addition	
NAME STREET ADDRESS	JOSEPH M. O'DONNELL		NAME	ET ADDRESS	700004634747\$		
CITY - ST - ZIP	s 7900 GLADES ROAD, SUITE 500 BOCA RATON, FL 33434			- ST - ZIP	-10/12/0101049001		
TITLE	PRESIDENT ·	Delete	TITLE		*****50 <u>.00</u>	thank # TO Addition	
NAME	ROBERT M. AEBLI		NAME	: J	7000046347475		
STREET ADDRESS			1	ET ADDRESS	-10/12/0101		
CITY - ST - ZIP		3717		- ST - ZIP		******5.00	
TITLE NAME	CFO/SECRETARY RICHARD J. THO	MDSON	TITLE	J		Change Addition	
STREET ADDRESS	7900 GLADES RO			ET ADDRESS			
CITY - ST - ZIP	BOCA RATON, FL			- ST - ZIP_			
TITLE	ASSISTANT SECR	ETARY Delete	TITLE	I .		Change Addition	
NAME	DAVID I LIBOW	AD CIITMD 500	NAME				
STREET ADDRESS CITY - ST - ZIP	7900 GLADES RO. BOCA RATO, FL			ET ADDRESS - ST - ZIP		1	
TITLE	ASSISTANT SECR		TITLE			Change Addition	
NAME	STEPHEN OLLEND	ORFF	NAME	:	· W _	\ \ \ \ \	
STREET ADDRESS		HE AMERICAS		ET ADDRESS		$\mathcal{V}I$	
CITY - ST - ZIP	NEW YORK, NY	10020-1104		ST - ZIP		Ota-ra Datella	
TITLE NAME		Delete	TITLE		(O 🖺	Change Addition	
STREET ADDRESS				ET ADDRESS	·		
CITY - ST - ZIP			CITY	- ST - ZIP			
11. I hereby certify that the information is policed 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE DAVID LIBOW - ASST. SEC. 10/5/01 561-451-1000 SIGNATURE AND TYPED OR PRINTED MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #							
SIGNATURE A	WILL IT POLD CHAPTEIN THE MANTE OF SI	GNING MANAGING MEMBER; MA	ANAGEF	I, UH AUTHORIZE	Daytin Date Daytin	ne rnone #	

STF FL32519F.1