

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **1000000001247**

1. Entity Name

ARTESYN COMMUNICATION PRODUCTS LLC

01 OCT 11 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8310 EXCELSIOR DRIVE
MADISON WI 53717-1911

Mailing Address
7900 GLADES ROAD
SUITE 500
BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2243262

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Deborah D. Skipper

Deborah D. Skipper

10/11/01

Signature, typed or printed name of registered agent and title if applicable.

Asst. Secretary

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CHAIRMAN
JOSEPH M. O'DONNELL
7900 GLADES ROAD, SUITE 500
BOCA RATON, FL 33434

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700004634747--5
-10/12/01--01049--001
*****50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
ROBERT M. AEBLI
8310 EXCELSIOR DRIVE
MADISON, WI 53717

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700004634747--5
-10/12/01--01049--002
*****5.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CFO/SECRETARY
RICHARD J. THOMPSON
7900 GLADES ROAD, SUITE 500
BOCA RATON, FL 33434

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*****5.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ASSISTANT SECRETARY
DAVID I LIBOW
7900 GLADES ROAD, SUITE 500
BOCA RATO, FL 33434

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*****5.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ASSISTANT SECRETARY
STEPHEN OLLENDORFF
1251 AVE. OF THE AMERICAS
NEW YORK, NY 10020-1104

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*****5.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11. 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 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 NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #