FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P36739** **(1)**

1. Corporation Name
LITTELFUSE, INC.

Principal Place of Business	Mailing Address
800 EAST NORTHWEST HIGHWAY DES PLAINES IL 60016	800 EAST NORTHWEST HIGHWAY DES PLAINES IL 60016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/18/1991**
3a. Date of Last Report: **07/06/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **36-3795742** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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: James F Brace J.P. Treasurer & CFO April 13, 1995
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	PD	11 TITLE	☐ Change ☐ Addition
NAME	WITT, HOWARD B.	12 NAME	
STREET ADDRESS	800 EAST N.W. HIGHWAY	13 STREET ADDRESS	
CITY - ST - ZIP	DES PLAINES IL	14 CITY - ST - ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	KRUEGER, DAVID J.	22 NAME	
STREET ADDRESS	800 EAST N.W. HIGHWAY	23 STREET ADDRESS	
CITY - ST - ZIP	DES PLAINES IL	24 CITY - ST - ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	AUDINO, KENNETH R.	32 NAME	
STREET ADDRESS	800 EAST N.W. HIGHWAY	33 STREET ADDRESS	
CITY - ST - ZIP	DES PLAINES IL	34 CITY - ST - ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	BARRON, WILLIAM S.	42 NAME	
STREET ADDRESS	800 EAST N.W. HIGHWAY	43 STREET ADDRESS	
CITY - ST - ZIP	DES PLAINES IL	44 CITY - ST - ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	TURNER, LLOYD J.	52 NAME	
STREET ADDRESS	800 EAST N.W. HIGHWAY	53 STREET ADDRESS	
CITY - ST - ZIP	DES PLAINES IL	54 CITY - ST - ZIP	
TITLE	VT	61 TITLE	☐ Change ☐ Addition
NAME	BRACE, JAMES F	62 NAME	
STREET ADDRESS	800 EAST N.W. HIGHWAY	63 STREET ADDRESS	
CITY - ST - ZIP	DES PLAINES IL	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James F Brace James F. Brace April 13, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D407702 FP