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May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P36739

(1)

1. Corporation Name  
LITTELFUSE, INC.

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

Mailing Address  
800 EAST NORTHWEST HIGHWAY  
DES PLAINES IL 60016-3049



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1991	3a. Date of Last Report 07/19/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 36-3795742		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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. City		84. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WITT, HOWARD B. 800 EAST N.W. HIGHWAY DES PLAINES IL	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	V KRUEGER, DAVID J. 800 EAST N.W. HIGHWAY DES PLAINES IL	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	V AUDINO, KENNETH R. 800 EAST N.W. HIGHWAY DES PLAINES IL	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	V BARRON, WILLIAM S. 800 EAST N.W. HIGHWAY DES PLAINES IL	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	V TURNER, LLOYD J. 800 EAST N.W. HIGHWAY DES PLAINES IL	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	VT BRACE, JAMES F 800 EAST N.W. HIGHWAY DES PLAINES IL	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: James F. Brace VP, Treasurer & CFO Date: 4/29/97 (847) 824-1188