

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Jun 09, 1999 8:00 am**  
**Secretary of State**

06-09-1999 90005 014 \*\*\*550.00

DOCUMENT # **P36739**

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**12/18/1991**

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 owes the current year Intangible  
Personal Property Tax ☐ 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **WITT, HOWARD B.**  
STREET ADDRESS **800 EAST N.W. HIGHWAY**  
CITY-ST-ZIP **DES PLAINES IL**

TITLE **V** ☐ DELETE

NAME **KRUEGER, DAVID J.**  
STREET ADDRESS **800 EAST N.W. HIGHWAY**  
CITY-ST-ZIP **DES PLAINES IL**

TITLE **V** ☐ DELETE

NAME **AUDINO, KENNETH R.**  
STREET ADDRESS **800 EAST N.W. HIGHWAY**  
CITY-ST-ZIP **DES PLAINES IL**

TITLE **V** ☐ DELETE

NAME **BARRON, WILLIAM S.**  
STREET ADDRESS **800 EAST N.W. HIGHWAY**  
CITY-ST-ZIP **DES PLAINES IL**

TITLE **V** ☐ DELETE

NAME **TURNER, LLOYD J.**  
STREET ADDRESS **800 EAST N.W. HIGHWAY**  
CITY-ST-ZIP **DES PLAINES IL**

TITLE **VT** ☒ DELETE

NAME **BRACE, JAMES F**  
STREET ADDRESS **800 EAST N.W. HIGHWAY**  
CITY-ST-ZIP **DES PLAINES IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **Vice President, Treasurer** ☐ Change ☒ Addition

12 NAME **and CFO**

13 STREET ADDRESS **Philip G. Franklin**

14 CITY-ST-ZIP **800 E. Northwest Hwy., Des Plaines, IL**

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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:

**Philip Franklin, V.P., Treasurer & CFO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #