

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 327660

Entity Name: ARTESYN EMBEDDED TECHNOLOGIES, INC.**Current Principal Place of Business:**2900 SOUTH DIABLO WAY
SUITE 190
TEMPE, AZ 85282**Current Mailing Address:**2900 SOUTH DIABLO WAY
SUITE 190
TEMPE, AZ 85282 US**FEI Number:** 59-1205269**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title SECRETARY
Name KALAWSKI, EVA MONICA
Address 2900 SOUTH DIABLO WAY
SUITE 190
City-State-Zip: TEMPE AZ 85282

Title TREASURER
Name SIGLER, MARY ANN
Address 2900 SOUTH DIABLO WAY
SUITE 190
City-State-Zip: TEMPE AZ 85282

Title ASSISTANT SECRETARY
Name VELASCO, BARBARA
Address 2900 SOUTH DIABLO WAY
SUITE 190
City-State-Zip: TEMPE AZ 85282

Title DIRECTOR
Name KALAWSKI, EVA MONICA
Address 2900 SOUTH DIABLO WAY
SUITE 190
City-State-Zip: TEMPE AZ 85282

Title DIRECTOR
Name SIGLER, MARY ANN
Address 2900 SOUTH DIABLO WAY
SUITE 190
City-State-Zip: TEMPE AZ 85282

Title DIRECTOR
Name KOTZUBEI, JACOB TADGH
Address 2900 SOUTH DIABLO WAY
SUITE 190
City-State-Zip: TEMPE AZ 85282

Title PRESIDENT
Name GELDMACHER, JAY
Address 2900 SOUTH DIABLO WAY
SUITE 190
City-State-Zip: TEMPE AZ 85282

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA VELASCO**ASSISTANT SECRETARY 05/15/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date