

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817863

Entity Name: COOPER WIRING DEVICES, INC.

Current Principal Place of Business:

600 TRAVIS ST
SUITE 5400
HOUSTON, TX 77002

Current Mailing Address:

600 TRAVIS., SUITE 5400
HOUSTON, TX 77002 US

FEI Number: 11-0701510

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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	P	Title	VP, GENERAL COUNSEL, DIRECTOR
Name	GROSS, THOMAS S	Name	MCGUIRE, MARK M
Address	1000 EATON BLVD.	Address	1000 EATON BOULEVARD
City-State-Zip:	CLEVELAND OH 44122	City-State-Zip:	CLEVELAND OH 44122
Title	VP, TREASURER	Title	VP, CONTROLLER, DIRECTOR
Name	MEYERHOEFER, TRENT M	Name	SEMELSBERGER, KEN D
Address	1000 EATON BOULEVARD	Address	1000 EATON BOULEVARD
City-State-Zip:	CLEVELAND OH 44122	City-State-Zip:	CLEVELAND OH 44122
Title	VP	Title	VP, SECRETARY
Name	RESLER, ROBERT	Name	WRIGHT, LIZBETH L
Address	600 TRAVIS, SUITE 5400	Address	1000 EATON BOULEVARD
City-State-Zip:	HOUSTON TX 77002	City-State-Zip:	CLEVELAND OH 44122
Title	VP, CFO, DIRECTOR	Title	VP, ASST. SECRETARY
Name	FEARON, RICHARD H	Name	BIGLER, LAURA A
Address	1000 EATON BOULEVARD	Address	1000 EATON BLVD.
City-State-Zip:	CLEVELAND OH 44122	City-State-Zip:	CLEVELAND OH 44122

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: LAURA A. BIGLER

VP, ASST. SECRETARY

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date