

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)222-9428

REGISTERED AGENT CHANGE

MAGNETEK, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

IN LURA - ORNITADI COT Bysistin Online

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	the provisions of sections of ned corporation organized u		607.1508, or 617.1508, Florida Statutes, State of Delaware	
	following statement in order		ered office or registered agent, or both, in	
i. The name	of the corporation : Magnetel	, Inc.		_
	ng address of the corporation	. 26 Connect Plant No.	shvilla TNI 37214	
. The man	ig sucress of dis corporation	, <u>an quantity 111-01, 114</u>	307110 11 0 0 0 1	
3. Date of in	acorporation/qualification: <u>\$</u>	20/1984	_ Document number: P02470	- ~
4. The name	and address of the current re	gistered agent and o	ffice:	KILE SES
	NRAI Services. Inc.		- 300	
	526 East Park Avenue			9
	Tallahassee FL 32301			20%
i. The name		tered agent (if chang O. Box Not Accept	get) and the registered office (it changed).	
	C T Corporation System			
	c/o C T Corporation System,	1200 South Pine Island	Road	
	Plantation, Florida 33324			
			ess of the business office of its registered	
Such change urhorized b	was authorized by resolution the board.	on duly adopted by i	ts board of directors or by an officer so	
	Juni D MI	Marialit	JUN - 5 2003	
(Signa)	ture of an officer, chairman or vice cl	airman of the hourd)	(Date)	
ing D. McKni	eht, Sacretary (Printed or typed name and	title)		
	named as registered agent I hereby accept the appoin see to comply with the provis of my duties, and I am fam		te of process for the above stated agent and agree to act in this capacity, relative to the proper and complete t the obligation of my position as	
C T Corporati By:	on System My TW	Men	4/5/03	
	(Signature of Registered Agent)		(Date)	
f signing on b	-	icot Ferraro		
	(Typed or Printed Name) ASSI	stant Secretary	(Capacity)	₹A?
	***]	ILING FEE: \$35.0	00 * * *	
CRZE045(9/00)	Parameters and Constitution of the Constitutio	B.G. Pari 4555	The second of th	
	DIVISION OF COMPORATIONS	P.O. Box 6327	Tallahassee, FL 32314	