


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P02470
 1. Entity Name
MAGNETEK, INC.



Principal Place of Business Mailing Address
 26 CENTURY BLVD 26 CENTURY BLVD
 NASHVILLE, TN 37214 US NASHVILLE, TN 37214 US

DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 95-3917584	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD GALEF, ANDREW G 10900 WILSHIRE BLVD STE 850 LOS ANGELES, CA 90024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC REILAND, DAVID P 26 CENTURY BLVD NASHVILLE, TN 37214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MCKNIGHT, TINA D 10900 WILSHIRE BLVD STE 850 LOS ANGELES, CA 90024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOFMEHL, PAUL J 26 CENTURY BLVD NASHVILLE, TN 37214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/27/05-80022-010 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter E. Collins **PETER E. COLLINS** 4-22-2005 615-316-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #