


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90051 028 ***150.00

DOCUMENT # P02470

1. Entity Name
MAGNETEK, INC.



Principal Place of Business
8966 MASON AVE
CHATSWORTH, CA 91311 US

Mailing Address
2 INTERNATIONAL PLAZA DR
SUITE 500
NASHVILLE, TN 37217 US

40103447



2. Principal Place of Business - No P.O. Box #
N49 W13650 Campbell Dr
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04232007 Chg-P CR2E034 (12/06)

City & State
Menomonee Falls, WI

City & State

Zip Country Zip Country
53051 USA

4. FEI Number
95-3917584

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	CD GALEF, ANDREW G 10900 WILSHIRE BLVD STE 850 LOS ANGELES, CA 90024 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REILAND, DAVID P 8966 MASON AVE CHATSWORTH, CA 91311 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCKNIGHT, TINA D 8966 MASON AVE CHATSWORTH, CA 91311 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOFMEHL, PAUL J 8966 MASON AVE CHATSWORTH, CA 91311 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOREN, THOMAS G 8966 MASON AVE CHATSWORTH, CA 91311 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDEN, YON YOON 8966 MASON AVE CHATSWORTH, CA 91311 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Reiland, David P. N49 W13650 Campbell Dr Menomonee Falls, WI 53051 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Schwenner, Marty J. N49 W13650 Campbell Dr. Menomonee Falls, WI 53051 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Shellman, Jolene L. N49 W13650 Campbell Dr. Menomonee Falls, WI 53051 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Quain, Mitchell I. N49 W13650 Campbell Dr. Menomonee Falls, WI 53051 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cross, Dewain K. N49 W13650 Campbell Dr. Menomonee Falls, WI 53051 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition N49 W13650 Campbell Dr. Menomonee Falls, WI 53051

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4-30-2007 615-360-2467
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40103447

~~FP02470~~

Officers of Magnetek, Inc.

David P. Reiland
President & CEO
2 International Plaza Drive, Suite 500
Nashville, TN 37217-2023

Peter M. McCormick
Executive VP & COO
N49 W13650 Campbell Drive
Menomonee Falls, WI 53051

Marty J. Schwenner
VP & CFO
N49 W13650 Campbell Drive
Menomonee Falls, WI 53051

Jolene L. Shellman
VP & Secretary
N49 W13650 Campell Drive
Menomonee Falls, WI 53051

Peter E. Collins
Assistant Secretary & Director of Taxes
2 International Plaza Drive, Suite 500
Nashville, TN 37217-2023

ATTACHMENT
40103447
#02470
Directors of Magnetek, Inc.

Mitchell I. Quain
Chairman of the Board
N49 W13650 Campbell Drive
Menomonee Falls, WI 53051

Dewain K. Cross
N49 W13650 Campbell Drive
Menomonee Falls, WI 53051

Yon Yoon Jordan
N49 W13650 Campbell Drive
Menomonee Falls, WI 53051

David P. Reiland
2 International Plaza Drive, Suite 500
Nashville, TN 37217-2023