

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02470

FILED  
Mar 28, 2009  
Secretary of State

Entity Name: MAGNETEK, INC.

## Current Principal Place of Business:

N49 W13650 CAMPBELL DR.  
MENOMONEE FALLS, WI 53051 US

## New Principal Place of Business:

N49 W13650 CAMPBELL DRIVE  
MENOMONEE FALLS, WI 53051

## Current Mailing Address:

2 INTERNATIONAL PLAZA DR  
SUITE 500  
NASHVILLE, TN 37217 US

## New Mailing Address:

N49 W13650 CAMPBELL DRIVE  
MENOMONEE FALLS, WI 53051

FEI Number: 95-3917584

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: REILAND, DAVID P  
Address: N49 W13650 CAMPBELL DR.  
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: V ( ) Delete  
Name: SCHWENNER, MARTY J  
Address: N49 W13650 CAMPBELL DR.  
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: VS ( ) Delete  
Name: SHELLMAN, JOLENE J  
Address: N49 W13650 CAMPBELL DR.  
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: CD ( ) Delete  
Name: QUAIN, MITCHELL I  
Address: N49 W13650 CAMPBELL DR.  
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: D ( ) Delete  
Name: CROSS, DEWAIN K  
Address: N49 W13650 CAMPBELL DR.  
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: D ( ) Delete  
Name: JORDEN, YON YOON  
Address: N49 W13650 CAMPBELL DR.  
City-St-Zip: MENOMONEE FALLS, WI 53051

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MCCORMICK, PETER M  
Address: N49 W13650 CAMPBELL DRIVE  
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: CFO (X) Change ( ) Addition  
Name: SCHWENNER, MARTY J  
Address: N49 W13650 CAMPBELL DRIVE  
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: SVP (X) Change ( ) Addition  
Name: SHELLMAN, JOLENE J  
Address: N49 W13650 CAMPBELL DRIVE  
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: DIR (X) Change ( ) Addition  
Name: BLOSS, DAVID A  
Address: N49 W13650 CAMPBELL DRIVE  
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: CEO (X) Change ( ) Addition  
Name: MCCORMICK, PETER M  
Address: N49 W13650 CAMPBELL DRIVE  
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: DIR (X) Change ( ) Addition  
Name: JORDEN, YON YOON  
Address: N49 W13650 CAMPBELL DRIVE  
City-St-Zip: MENOMONEE FALLS, WI 53051

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JANE LOUIS

POA

03/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date