

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02470

Entity Name: MAGNETEK, INC.

FILED
Mar 18, 2011
Secretary of State

Current Principal Place of Business:

N49 W13650 CAMPBELL DRIVE
MENOMONEE FALLS, WI 53051

New Principal Place of Business:

Current Mailing Address:

N49 W13650 CAMPBELL DRIVE
MENOMONEE FALLS, WI 53051

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: MCCORMICK, PETER M
Address: N49 W13650 CAMPBELL DRIVE
City-St-Zip: MENOMONEE FALLS, WI 53051

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

Title: VP
Name: CRAMER, SCOTT
Address: N49 W13650 CAMPBELL DRIVE
City-St-Zip: MENOMONEE FALLS, WI 53051

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

Title: SGC
Name: CRAMER, SCOTT
Address: N49 W13650 CAMPBELL DRIVE
City-St-Zip: MENOMONEE FALLS, WI 53051

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

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: KELLY LETTMANN

POA

03/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date