

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02470

**Entity Name:** MAGNETEK, INC.

**Current Principal Place of Business:**

N49 W13650 CAMPBELL DRIVE  
MENOMONEE FALLS, WI 53051

**Current Mailing Address:**

N49 W13650 CAMPBELL DRIVE  
MENOMONEE FALLS, WI 53051 US

**FEI Number:** 95-3917584

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title ASSISTANT CORPORATE SECRETARY  
Name COLLINS, PETER E.  
Address N49 W13650 CAMPBELL DRIVE  
City-State-Zip: MENOMONEE FALLS WI 53051

Title PRESIDENT, DIRECTOR  
Name MCCORMICK, PETER M.  
Address N49 W13650 CAMPBELL DRIVE  
City-State-Zip: MENOMONEE FALLS WI 53051

Title CFO  
Name SCHWENNER, MARTY J.  
Address N49 W13650 CAMPBELL DRIVE  
City-State-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:** PETER E. COLLINS

ASSISTANT CORPORATE SECRETARY 04/11/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date