

**2014 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            PRESIDENT / DIRECTOR  
Name            MCCORMICK, PETER M.  
Address        N49 W13650 CAMPBELL DRIVE  
City-State-Zip: MENOMONEE FALLS WI 53051

Title            CORPORATE SECRETARY / VICE  
                  PRESIDENT  
Name            CRAMER, SCOTT  
Address        N49 W13650 CAMPBELL DRIVE  
City-State-Zip: MENOMONEE FALLS WI 53051

Title            ASSISTANT CORPORATE  
                  SECRETARY  
Name            COLLINS, PETER E.  
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    04/16/2014**  
**SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date