


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90188 007 ****50.00

DOCUMENT # M00000001044

1. Entity Name
WRIGHT LINE LLC



Principal Place of Business
**160 GOLD STAR BOULEVARD
 WORCESTER, MA 01606**

Mailing Address
**P.O. BOX 806
 PEWAUKEE, WI 53072-0806**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
160 Gold Star Blvd.
 Suite, Apt. #, etc.

City & State
Worcester MA

Zip Country
01606 USA



03302004 Chg-LLC CR2E083 (10/03)

4. FEI Number
03-0471268

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** 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 _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM APW NORTH AMERICA INC. N22W23685 RIDGEVIEW PKWY WEST WAUKESHA, WI 531881013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAMS, TODD N22 W23685 RIDGEVIEW PKWY WEST WAUKESHA, WI 531881013 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVID J. GALLITANO N22 W23685 RIDGEVIEW PKWY WAUKESHA, WI 53188 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEDERMAN, HOWARD N22 W23685 RIDGEVIEW PKWY WEST WAUKESHA, WI 531881013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GASICK, MICHAEL N22 W23685 RIDGEVIEW PKWY WEST WAUKESHA, WI 531881013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASMUTH, ANTHONY III 401 E WISCONSIN AVE MILWAUKEE, WI 53202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DENIS MAHONEY 160 Gold Star Blvd. Worcester, MA 01606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETER FINK 160 Gold Star Blvd. Worcester, MA 01606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Michael Gasick 3/31/04 212-523-7600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #