2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02470

Entity Name: MAGNETEK, INC.

FILED Mar 18, 2011 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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N49 W13650 CAMPBELL DRIVE MENOMONEE FALLS, WI 53051

Current Mailing Address: 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: Name and Address of New 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

OFFICERS AND DIRECTORS:

Title: PCEC

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