

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 835748 (5)

1. Corporation Name

WRIGHT LINE INC.



Principal Place of Business

160 GOLD STAR BLVD.
WORCESTER MA 01606
US

Mailing Address

P. O. BOX 325
MILWAUKEE WI 53201
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

01/05/1976

3a. Date of Last Report

04/26/1995

4. FEI Number

04-2576375

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature, required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VT ☐ DELETE
NAME DORSZYNSKI, DOUGLAS R
STREET ADDRESS 13000 W SILVER SPRING DR
CITY-ST-ZIP BUTLER WI

TITLE SD ☐ DELETE
NAME ASMUTH, ANTHONY W
STREET ADDRESS 13000 W SILVER SPRING DR
CITY-ST-ZIP BUTLER WI

TITLE D ☐ DELETE
NAME LAMPEREUR, ANDREW G
STREET ADDRESS 13000 W SILVER SPRING DR
CITY-ST-ZIP BUTLER WI

TITLE VD ☒ DELETE
NAME FOOTE, JR ROBERT T.
STREET ADDRESS 13000 W. SILVER SPRING
CITY-ST-ZIP BUTLER WI

TITLE P ☐ DELETE
NAME BURKART, PHILIP T
STREET ADDRESS 160 GOLD STAR BLVD
CITY-ST-ZIP WORCESTER MA

TITLE D ☐ DELETE
NAME SIM, RICHARD G.
STREET ADDRESS 5231 HIGHWAY 83
CITY-ST-ZIP HARTLAND WI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doug Dorszynski

DATE

Day Month Year

(714) 781-6600

CR2E034 (12/95)