

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90030 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000001287

1. Corporation Name
ELLIOTT MAGNETEK POWER SYSTEMS, INC.

Principal Place of Business 669 NATCHEZ TRACE DRIVE LEXINGTON TN 38351	Mailing Address 669 NATCHEZ TRACE DRIVE LEXINGTON TN 38351
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 58 ELLIOTT POWER DRIVE Suite, Apt. #, etc. 22 City & State 23 LEXINGTON, TN Zip 24 38351	2a. Mailing Address 26 58 ELLIOTT POWER DRIVE Suite, Apt. #, etc. 27 City & State 28 LEXINGTON, TN Zip 29 38351
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3. Date Incorporated or Qualified 03/06/1998	4. FEI Number 52-2068624	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

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 office 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNHAM, DOUGLAS R	1.2 NAME	
STREET ADDRESS	2901 S.E. MONROE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	DCFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREECE, RICHARD G	2.2 NAME	
STREET ADDRESS	2901 S.E. MONROE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, KLAUS P	3.2 NAME	WILLIAM COX
STREET ADDRESS	901 NORTH FOURTH STREET	3.3 STREET ADDRESS	901 NORTH FOURTH STREET
CITY-ST-ZIP	JEANETTE PA	3.4 CITY-ST-ZIP	JEANNETTE, PA 15644
TITLE	CD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMY, PAUL R	4.2 NAME	DAVID ASSARD
STREET ADDRESS	901 NORTH FOURTH STREET	4.3 STREET ADDRESS	901 NORTH FOURTH STREET
CITY-ST-ZIP	JEANETTE PA	4.4 CITY-ST-ZIP	JEANNETTE, PA 15644
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	LAPINA, JOHN J	5.2 NAME	
STREET ADDRESS	901 NORTH FOURTH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	JEANETTE PA	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNDON, BRIAN	6.2 NAME	KYLE HALE
STREET ADDRESS	1145 CORPORATE LAKE DRIVE	6.3 STREET ADDRESS	58 ELLIOTT POWER DRIVE
CITY-ST-ZIP	ST LOUIS MO	6.4 CITY-ST-ZIP	LEXINGTON, TN 38351

14. 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 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, with all other like empowered.

SIGNATURE: *Richard G. Greece* 1-21-99 574-219-9449
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)