


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # M00000001044 1. Entity Name WRIGHT LINE LLC |  |
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| Principal Place of Business 160 GOLD STAR BOULEVARD WORCESTER, MA 01606 | Mailing Address 160 GOLD STAR BOULEVARD WORCESTER, MA 01606 US |
|---|--|

DO NOT WRITE IN THIS SPACE



01092007No Chg-LLC CR2E083 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 03-0471268 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

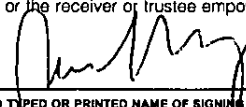
**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HARMON, MICHAEL P 160 GOLD STAR BLVD WORCESTER, MA 01606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BRAYMAN, JOHN A N22 W23685 RIDGEVIEW PKWY WAUKESHA, WI 53188 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RAVGORODETSKY, PHILIP 160 GOLD STAR BLVD WORCESTER, MA 01606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ALLEN III, WILLIAM T 160 GOLD STAR BLVD WORCESTER, MA 01606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MCHUGH, LAWRENCE F 160 GOLDSTAR BLVD WORCESTER, MA 01606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WENDER, JOSEPH H 160 GOLD STAR BLVD WORCESTER, MA 01606 |

U00000698515
04/19/07-80005-023-50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 3/30/07 DAYTIME PHONE #: 5088524300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE