

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 # P10188

5-1-96 B-5840 - C
(1)

1. Corporation Name
MAGNETEK NATIONAL ELECTRIC COIL, INC.



Principal Place of Business: 26 CENTURY BLVD, 15TH FLOOR, NASHVILLE TN 37229 US
Mailing Address: 26 CENTURY BLVD, P.O. BOX 290159, NASHVILLE TN 37229-0159 US

3. Date Incorporated or Qualified: 05/22/1986
3a. Date of Last Report: 05/01/1995
4. FET Number: 76-0150791
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

2. Principal Place of Business: 21 26 Century Blvd, Suite, Apt. #, etc.: 22
City & State: 23 Nashville, TN
Zip: 24 37229-0159, Country: 25 USA
2a. Mailing Address: 26 26 Century Blvd, Suite, Apt. #, etc.: 27 P.O. box 290159
City & State: 28 Nashville, TN
Zip: 29 37229-0159, Country: 30 USA

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

12. OFFICERS AND DIRECTORS

TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	STEUBER, THOMAS P	
STREET ADDRESS	26 CENTURY BLVD, P.O. BOX 290159	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILEY, SAMUEL A.	
STREET ADDRESS	26 CENTURY BLVD, P.O. 390159	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	REILAND, DAVID	
STREET ADDRESS	26 CENTURY BLVD., P.O. BOX 290159	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	COLLING, JOHN P. JR.	
STREET ADDRESS	26 CENTURY BLVD, P.O. BOX 290159	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BARTON, ROBERT G	
STREET ADDRESS	800 KING AVE.	
CITY-ST-ZIP	COLUMBUS OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Peter E Collins	
1.3 STREET ADDRESS	26 Century Blvd	
1.4 CITY-ST-ZIP	Nashville, TN 37229-0159	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	James E Mashier	
5.3 STREET ADDRESS	26 Century Blvd.	
5.4 CITY-ST-ZIP	Nashville, TN 37229-0159	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/29/96 Date Daytime Phone #

CR2E034 (12/95)