

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

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: AS NAME: STEUBER, THOMAS P STREET ADDRESS: 26 CENTURY BLVD, P.O. BOX 290159 CITY-ST-ZIP: NASHVILLE TN	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: AS 1.2 NAME: Peter E Collins 1.3 STREET ADDRESS: 26 Century Blvd 1.4 CITY-ST-ZIP: Nashville, TN 37229-0159
TITLE: S NAME: MILEY, SAMUEL A. STREET ADDRESS: 26 CENTURY BLVD, P.O. 390159 CITY-ST-ZIP: NASHVILLE TN	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:
TITLE: PD NAME: REILAND, DAVID STREET ADDRESS: 26 CENTURY BLVD., P.O. BOX 290159 CITY-ST-ZIP: LOS ANGELES CA	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:
TITLE: VT NAME: COLLING, JOHN P. JR. STREET ADDRESS: 26 CENTURY BLVD, P.O. BOX 290159 CITY-ST-ZIP: NASHVILLE TN	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
TITLE: V NAME: BARTON, ROBERT G STREET ADDRESS: 800 KING AVE. CITY-ST-ZIP: COLUMBUS OH	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: AS 5.2 NAME: James E Mashier 5.3 STREET ADDRESS: 26 Century Blvd. 5.4 CITY-ST-ZIP: Nashville, TN 37229-0159
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 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)