

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 # P24718 (9)

1. Corporation Name

MAGNETEK OHIO TRANSFORMER, INC.



Principal Place of Business

Mailing Address

26 CENTURY BLVD
P.O. BOX 290159
NASHVILLE TN 37229-0159
US

26 CENTURY BLVD
P.O. BOX 290159
NASHVILLE TN 37229-0159
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

3. Date Incorporated or Qualified

06/06/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

34-0926742

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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

Signature typed or printed name of registered agent or director (delete)

(Delete) Registered Agent Signature (delete) (delete)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☒ DELETE
NAME DAVIS, C. ORE
STREET ADDRESS 1325 HEIL QUAKER BL.
CITY-ST-ZIP LAVERGNE TN

TITLE AS ☒ DELETE
NAME CUMMINGS, RICHARD D
STREET ADDRESS 26 CENTURY BLVD., P.O. BOX 290159
CITY-ST-ZIP NASHVILLE TN

TITLE S ☐ DELETE
NAME MILEY, SAMUEL A
STREET ADDRESS 26 CENTURY BLVD, P.O. BOX 290159
CITY-ST-ZIP NASHVILLE TN

TITLE DP ☐ DELETE
NAME REILAND, DAVID P
STREET ADDRESS 26 CENTURY BLVD, P.O. BOX 290159
CITY-ST-ZIP NASHVILLE TN

TITLE V ☒ DELETE
NAME AVERSA, NICOLA A
STREET ADDRESS 26 CENTURY BLVD, P.O. BOX 290159
CITY-ST-ZIP NASHVILLE TN

TITLE V ☐ DELETE
NAME COLLING, JOHN P JR
STREET ADDRESS 26 CENTURY BLVD, P.O. BOX 290159
CITY-ST-ZIP NASHVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. TITLE AS ☐ Change ☒ Addition
2. NAME Peter E. Collins
3. STREET ADDRESS 26 Century Blvd.
4. CITY-ST-ZIP Nashville, TN 37229-0159

2. TITLE ☐ Change ☐ Addition
2. NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5. TITLE AS ☐ Change ☒ Addition
5.2 NAME James L. Frasier
5.3 STREET ADDRESS 26 Century Blvd.
5.4 CITY-ST-ZIP Nashville, TN 37229-0159

6. 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:

Peter E. Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96
DATE

Daytime Phone

CR2E034 (12/95)