

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213523920

1.) CORPORATION NAME:

REA MAGNET WIRE COMPANY, INC.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1470899**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3600 EAST PONTIAC ST

CITY/ST/ZIP: FORT WAYNE, IN 46803

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: SCOTT HARRISON OFFICER DIRECTOR
TITLE: PRESIDENT
ADDRESS: 3600 EAST PONTIAC STREET
CITY/ST/ZIP/CO: FORT WAYNE, IN 46803

NAME: LARRY KNEPP OFFICER DIRECTOR
TITLE: VP-FIN/CFO
ADDRESS: 3600 E PONTIAC STREET
CITY/ST/ZIP/CO: FORT WAYNE, IN 46803

NAME: TIMOTHY J ZUMBAUGH OFFICER DIRECTOR
TITLE: SEC/TREAS
ADDRESS: 3600 E PONTIAC ST
CITY/ST/ZIP/CO: FORT WAYNE, IN 46803

NAME: LARRY E BAGWELL OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 3600 E PONTIAC STREET
CITY/ST/ZIP/CO: FORT WAYNE, IN 46803

NAME: JAMES M VANN OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 3600 E PONTIAC STREET
CITY/ST/ZIP/CO: FORT WAYNE, IN 46803

NAME: RONALD B FOSTER OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 3600 E PONTIAC STREET
CITY/ST/ZIP/CO: FORT WAYNE, IN 46803

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM T GORMAN DIRECTOR 3600 E PONTIAC STREET FORT WAYNE, IN 46803	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM J WYATT DIRECTOR 3600 E PONTIAC STREET FORT WAYNE, IN 46803	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH W KIMMELL II DIRECTOR 3600 E PONTIAC STREET FORT WAYNE, IN 46803	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ART MIELE DIRECTOR 3600 E PONTIAC STREET FORT WAYNE, IN 46803	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID HAIST DIRECTOR 3600 E PONTIAC STREET FORT WAYNE, IN 46803	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C BAKER CUNNINGHAM DIRECTOR 3600 E PONTIAC STREET FORT WAYNE , IN 46803	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ TIMOTHY J ZUMBAUGH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TIMOTHY J ZUMBAUGH, SEC/TREAS PRINTED NAME AND CORPORATE TITLE	5/21/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			