
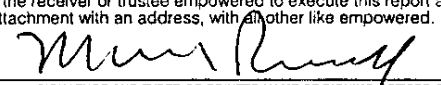


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90186 028 \*\*\*150.00

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>DOCUMENT # F02000000200</b><br>1. Entity Name<br><b>ELECTROLUX PROFESSIONAL, INC.</b>  |   |  |   |                                     |  |
| Principal Place of Business<br><b>18013 CLEVELAND PARKWAY, SUITE 100-<br/>CLEVELAND, OH 44135</b>   |   |  | Mailing Address<br><b>18013 CLEVELAND PARKWAY, SUITE 100-<br/>CLEVELAND, OH 44135</b>   |  |  |
| 2. Principal Place of Business<br><b>20445 Emerald Pkwy SW</b><br>Suite, Apt. #, etc.<br><b>Suite 250</b><br>City & State<br><b>Cleveland OH</b><br>Zip<br><b>44135</b> Country<br><b>USA</b>   |   |  | 3. Mailing Address<br><b>20445 Emerald Pkwy SW</b><br>Suite, Apt. #, etc.<br><b>Suite 250</b><br>City & State<br><b>Cleveland OH</b><br>Zip<br><b>44135</b> Country<br><b>USA</b>   |  |  |
| 4. FEI Number<br><b>34-1966818</b>  |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  | <b>\$8.75</b> Additional Fee Required   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>WEIGAND, GEORGE C <input type="checkbox"/> Delete<br><del>18013 CLEVELAND PARKWAY, SUITE 100</del><br><b>CLEVELAND, OH 44135</b>      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>20445 Emerald Pkwy SW Ste 250</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>RUSSELL, MARK W <input type="checkbox"/> Delete<br><del>18013 CLEVELAND PARKWAY, SUITE 100-</del><br><b>CLEVELAND, OH 44135</b>       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>20445 Emerald Pkwy SW Ste 250</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>PIETCH, RICHARD S <input type="checkbox"/> Delete<br><del>18013 CLEVELAND PARKWAY, SUITE 100-</del><br><b>CLEVELAND, OH 44135</b>    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>20445 Emerald Pkwy SW Ste 250</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VT<br>WENGARD, MARDE-LUOISE <input type="checkbox"/> Delete<br><del>18013 CLEVELAND PARKWAY, SUITE 100</del><br><b>CLEVELAND, OH 44135</b>  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>20445 Emerald Pkwy SW Ste 250</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>ZAJACZKOWSKI, RONALD E <input type="checkbox"/> Delete<br><del>18013 CLEVELAND PARKWAY, SUITE 100-</del><br><b>CLEVELAND, OH 44135</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MUNCHOW, DETLEF <input type="checkbox"/> Delete<br><b>VIALE TREVISO 15, I-33170<br/>PORDENONE, ITALY,</b>                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered. |   |  |   |  |  |
| SIGNATURE:   |   |  | <b>Mark W. Russell</b> 4-12-05  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  | <small>Date Daytime Phone #</small>   |  |  |

**50045023**

