

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91 293 041 ***150.00

DOCUMENT # F96000006717

1. Entity Name
THE HOOVER COMPANY (SALES)

Principal Place of Business

**101 EAST MAPLE STREET
 NORTH CANTON OH 44720**

Mailing Address

**101 EAST MAPLE STREET
 NORTH CANTON OH 44720**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

90 MAYTAG CORP

Suite, Apt. #, etc.

403 W 4th St N

Newton IA

Zip

50208

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1464054

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.**
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

**10. Election Campaign Financing
 Trust Fund Contribution.** ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **CD** ☒ Delete
NAME **HADLEY, LEONARD A**
STREET ADDRESS **403 W 4 ST N**
CITY-ST-ZIP **NEWTON IA 50208**

TITLE **P** ☐ Delete
NAME **MINTON, KEITH G**
STREET ADDRESS **6332 LANGLEY N W**
CITY-ST-ZIP **CANTON OH**

TITLE **T** ☐ Delete
NAME **KLYN, STEVE**
STREET ADDRESS **403 W 4 ST N**
CITY-ST-ZIP **NEWTON IA 50208**

TITLE **S** ☐ Delete
NAME **MARTIN, PATRICIA**
STREET ADDRESS **403 W 4 ST**
CITY-ST-ZIP **NEWTON IA 50208**

TITLE **V** ☐ Delete
NAME **LAUER, JERRY F**
STREET ADDRESS **821 FAIR OAKS S.W.**
CITY-ST-ZIP **N CANTON OH**

TITLE **AS** ☐ Delete
NAME **SCHOTTEN, ROGER**
STREET ADDRESS **403 W 4 ST N**
CITY-ST-ZIP **NEWTON IA 50208**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Change ☒ Addition
NAME **HAKC RAIPH**
STREET ADDRESS **403 W 4th St N**
CITY-ST-ZIP **Newton IA 50208**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Schotten Roger**
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Klyn

4/26/02

641-792-17000

Date

Daytime Phone #

CR2E034 (9/01)