

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F96000006717 (0)

1. Corporation 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/23/1996

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

4. FEI Number
42-1464054

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| |
|---|
| 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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

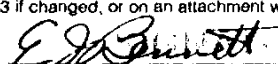
12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | HADLEY, LEONARD A | |
| STREET ADDRESS | 1100 S 6TH AVE., W | |
| CITY-ST-ZIP | NEWTON IA | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | GIRDLESTONE, BRIAN A | |
| STREET ADDRESS | 4039 GLENMOOR ROAD NW | |
| CITY-ST-ZIP | CANTON OH | |
| TITLE | VTD | <input type="checkbox"/> DELETE |
| NAME | URBANI, DAVID D | |
| STREET ADDRESS | 4200 TIMBERWOOD | |
| CITY-ST-ZIP | WEST DS MONES IA | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | BENNETT, E J | |
| STREET ADDRESS | 3404 S. 12TH AVE. W | |
| CITY-ST-ZIP | NEWTON IA | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | LAUER, JERRY F | |
| STREET ADDRESS | 821 FAIR OAKS S.W. | |
| CITY-ST-ZIP | N CANTON OH | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | GRAHAM, EDWARD H | |
| STREET ADDRESS | 4150 GREENWOOD DR. | |
| CITY-ST-ZIP | DES MONES IA | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | MINTON, KEITH G. |
| 2.3 STREET ADDRESS | 6332 LANGLEY NW |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 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:  E. JAMES BENNETT SECRETARY

4/8/98

515-787-8586

CR2E034 (10/97)

OFFICERS OF THE HOOVER COMPANY (SALES)

| <u>Title</u> | <u>Name, Address, Telephone</u> | <u>S.S. #</u> |
|---------------------|--|----------------------|
| Chairman | Leonard A. Hadley 1100 S. 6th Ave. W. Newton, IA 50208 (515) 792-8000 | 484-38-0898 |
| President | Keith G. Minton 6332 Langley, N.W. Canton, OH 44718 (330) 499-9200 | 290-42-3727 |
| V.P. Sales | Jerry F. Lauer 821 Fair Oaks S.W. N. Canton, OH 44720 (330) 499-9200 | 165-38-5478 |
| V.P. Finance | Vitas A. Stukas 1950 Market Avenue, Apt. 84 Canton, OH 44714 (330) 499-9200 | 269-98-4469 |
| V. P. & Treasurer | David D. Urbani 4200 Timberwood West Des Moines, IA 50265 (515) 792-8000 | 169-36-5946 |
| Secretary | E. James Bennett 203 FOSTER DR DES MOINES, IA 50312 (515) 792-8000 | 478-48-3736 |
| Asst. Secretary | Edward H. Graham 4150 Greenwood Dr. Des Moines, IA 50312 (515) 792-8000 | 509-32-1275 |

DIRECTORS OF THE HOOVER COMPANY (SALES)

Name. Address. Telephone

S.S. #

Leonard A. Hadley
1100 S. 6th Ave. W.
Newton, IA 50208
(515) 792-8000

484-38-0898

David D. Urbani
4200 Timberwood
West Des Moines, IA 50265
(515) 792-8000

169-36-5946

G. J. Pribanic
1140A Cherry Hills Dr.
Newton, IA 50208
(515) 792-8000

163-34-4527

12/20/96