

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000002035

Entity Name: HAIER US APPLIANCE SOLUTIONS, INC.**Current Principal Place of Business:**APPLIANCE PARK, AP2-225
LOUISVILLE, KY 40225**Current Mailing Address:**APPLIANCE PARK, AP2-225
LOUISVILLE, KY 40225 US**FEI Number: 81-1692501****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO & MANAGING
DIRECTOR
Name NOLAN, KEVIN
Address APPLIANCE PARK, AP2-225
City-State-Zip: LOUISVILLE KY 40225

Title VP, GENERAL COUNSEL,
SECRETARY
Name BROWN, JASON L
Address APPLIANCE PARK, AP2-225
City-State-Zip: LOUISVILLE KY 40225

Title VP, CFO
Name CHARNAS, MARC
Address APPLIANCE PARK, AP2-225
City-State-Zip: LOUISVILLE KY 40225

Title VP, HR
Name ROCKINGHAM, ROCKI
Address APPLIANCE PARK, AP2-225
City-State-Zip: LOUISVILLE KY 40225

Title VP TAX
Name FITZPATRICK, CHRISTOPHER
Address APPLIANCE PARK, AP2-225
City-State-Zip: LOUISVILLE KY 40225

Title DIRECTOR
Name PAN, LI
Address NO.1 HAIER ROAD
City-State-Zip: QINDAO 266101

Title CCO
Name HASSELBECK, RICHARD
Address APPLIANCE PARK, AP2-225
City-State-Zip: LOUISVILLE KY 40225

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JASON L BROWN**SECRETARY****02/06/2025**

Electronic Signature of Signing Officer/Director Detail

Date