2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2024
Secretary of State
2684720125CC

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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, CFO
Name	CHARNAS, MARC
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	CCO
Name	HASSELBECK, RICHARD
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, HR
Name	ROCKINGHAM, ROCKI
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

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 01/08/2024

Electronic Signature of Signing Officer/Director Detail — Date