2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2017
Secretary of State
CC0952099302

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: Yes

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, DIRECTOR
Name	BLANKENSHIP, CHARLES P
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	VC
Name	TAN, LIXIA
Address	NO.1 HAIER ROAD
City-State-Zip:	QINGDAO 266101

Title	VP, S, GC
Name	ROWLEY, DANIEL
Address	APPLIANCE PARK, AP2-225
City-State-Zip:	LOUISVILLE KY 40225

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

Title	CHAIRMAN
Name	LIANG, HAISHAN
Address	NO.1 HAIER ROAD
City-State-Zip:	QINDAO 266101

Title	DIRECTOR
Name	CHIEN, D.C.
Address	APT 1238 ST REGIS 21 JIAN GUO MEN WAI ST
City-State-Zip:	BEIJING 10020

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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: DANIEL ROWLEY VP, S, GC 05/15/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CORNOG, WILLIAN
Address	9 WEST 57TH ST
City-State-Zip:	NEW YORK NY 10119