

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000018

Entity Name: HOOVER GENERAL, LLC

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

101 EAST MAPLE
NORTH CANTON, OH 44720

New Principal Place of Business:

Current Mailing Address:

C/O MAYTAG CORP.
403 W. 4TH ST N.
NEWTON, IA 50208

New Mailing Address:

2000 NORTH M-63
MD2900
BENTON HARBOR, MI 49022

FEI Number: 34-1942439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: CEOP () Delete
Name: MILAM, KARL
Address: 200 N M-68
City-St-Zip: BENTON HARBOR, MI 49022

Title: AT () Delete
Name: HONOLD, BARBARA
Address: 403 104TH ST N
City-St-Zip: NEWTON, IA 50208

Title: S () Delete
Name: WINKLER, STEVEN D
Address: 2000 N M-63
City-St-Zip: BENTON HARBOR, MI 49022

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: STEVEN, KLYN
Address: 2000 NORTH M-63
City-St-Zip: BENTON HARBOR, MI 49022

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEVEN J KLYN

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04/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date