

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P16604 (1)

1. Corporation Name

ELECTROLUX CORPORATION



Principal Place of Business

2300 WINDY RIDGE PARKWAY
ATLANTA GA 30339

Mailing Address

2300 WINDY RIDGE PARKWAY
ATLANTA GA 30339

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/30/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

06-1215988

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME ALBANI, THOMAS J
STREET ADDRESS 2300 WINDY RIDGE #900
CITY-ST-ZIP ATLANTA GA 30339

TITLE S ☐ DELETE
NAME COOPER, STEVEN D.
STREET ADDRESS 2300 WINDY RIDGE #900
CITY-ST-ZIP ATLANTA GA 30339

TITLE VCEP ☐ DELETE
NAME HORGAN, JOHN A
STREET ADDRESS 2300 WINDY RIDGE #900
CITY-ST-ZIP ATLANTA GA 30339

TITLE VP/T ☐ DELETE
NAME SCHWARTZ, EDMUND J
STREET ADDRESS 2300 WINDY RIDGE 900
CITY-ST-ZIP ATLANTA GA 30339

TITLE D ☐ DELETE
NAME MCMILLIAN, C STEVEN
STREET ADDRESS THREE FIRST NATIONAL PL
CITY-ST-ZIP CHICAGO IL 60602

TITLE D ☐ DELETE
NAME GILLFILLAN, MICHAEL
STREET ADDRESS 420 MONTGOMERY STREET, 12TH FLOOR
CITY-ST-ZIP SAN FRANCISCO CA 94163

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600001752700
-03/21/96--01060--023
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96

Date

770-933-1000

Daytime Phone #

CR2E034 (12/95)