## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # P16

(1)

**ELECTROLUX CORPORATION** 

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FILED
May 01 1998 8:00am
Secretary of State



|   |   |                        |                                  | 1900   1910   1910   1910   1910   1910   1910   1910   1910   1910   1910   1910   1910   1910   1910 | 1811 BLAN FILM BINI BINI 1881 |
|---|---|------------------------|----------------------------------|--|-------------------------------|
| Principal Place of Business   |   | Mailing Address        |                                  |  |                               |
| 2300 WINDY RIDGE PARKWAY 2300 WINDY RIDGE F<br>ATLANTA GA 30339 ATLANTA GA 30339  |   | 2300 WINDY RIDGE PARKY | WAY                              |  |                               |
|   |   | ATLANTA GA 30339       |                                  | DO NOT WRITE IN THIS SPACE   |                               |
|   |   |                        |                                  | 3. Date Incorporated or Qualified  |                               |
|   |   |                        |                                  | 10/30/1987   |                               |
| 2. Principal P  | Place of Business                         | 26. Mailing Address    |                                  | 4. FEI Number  | Applied For                   |
| 21  |   | 26                     |                                  | 06-1215988   | Not Applicable                |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.    |                                  | 5. Certificate of Status Desired   | \$8.75 Additional             |
|   |   | 27                     |                                  |  | Fee Required                  |
| 23  |   | City & State           |                                  | 6. Election Campaign Financing   | \$5.00 May Be                 |
| Zip   | Country                                   | <b>28</b>              | Country                          | Trust Fund Contribution  | Added to Fees                 |
| 24  | 25  | - }                    | 30                               | <ol><li>This corporation owes or has paid the<br/>Personal Property Tax due June 30.</li></ol>         | Yes No                        |
| 24  | 9. Name and Address of Curren             |                        | 30]                              | 10. Name and Address of New Registere  |                               |
| CO  | RPORATION SERVICE COMPANY                 |                        | 81 Name                          |  |                               |
| 1201 HAYES STREET   |   |                        | 82 Street A                      | ddross (B.O. Boy Number is Not Assentable)   |                               |
| TALLAHASSEE FL 32301  |   |                        | 62 Street A                      | ddress (P.O. Box Number is Not Acceptable)   |                               |
| THE PROPERTY OF SECOND  |   |                        | 83                               |  |                               |
|   |   |                        | 24 64                            |  | To 7: 0: 4:                   |
|   |   |                        | 84 City                          | F  | 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 |   |                        |                                  |  |                               |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby 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 fregistracia agent and title if applicable (NOT): Registered Agent signature required when reinstating) DATE  |   |                        |                                  |  |                               |
| 12.   | OFFICERS AND                              | DIRECTORS DELETE       | 13.                              | ADDITIONS/CHANGES TO OFFICERS A  |                               |
| TITLE   | PD ALBANII TUOMAC I                       | LJ OELETE              | 1.1 TITLE                        |  | Change Addition               |
| NAME  | ALBANI, THOMAS J<br>2300 WINDY RIDGE #900 |                        | 1.2 NAME                         |  |                               |
| STREET ADDRESS  | ATLANTA GA 30339                          |                        | 1.3 STREET ADDRESS               |  |                               |
| CITY-ST-ZIP<br>TITLE  | 8   | DELETE                 | 1.4 CITY - ST - ZIP<br>2 1 TITLE |  | Change Addition               |
| NAME  | COOPER,STEVEN D.                          |                        | 2.2 NAME                         |  | C3 change C1 troomen          |
| STREET ADDRESS  | 2300 WINDY RIDGE #900                     |                        | 2.3 STREET ADDRESS               |  |                               |
| CITY-ST-ZIP   | ATLANTA GA 30339                          |                        | 2.4 CITY-ST-ZIP                  |  |                               |
| TITLE   | VCEP                                      | DELETE                 | 3.1 TITLE                        |  | Change Addition               |
| NAME  | HORIGAN, JOHN A                           |                        | 3.2 NAME                         |  | • •                           |
| STREET ADDRESS  | 2300 WINDY RIDGE #900                     |                        | 3.3 STREET ADDRESS               |  |                               |
| CITY-ST-ZIP   | ATLANTA GA 30339                          |                        | 3.4. C(TY - ST - ZIP             |  |                               |
| TITLE   | VP/T                                      | DELETE                 | 4.1 TITLE                        |  | Change Addition               |
| NAME  | SCHWARTZ, EDMUND J                        |                        | 4. 2 NAME                        |  |                               |
| STREET ADDRESS  | 2300 WINDY RIDGE 900                      |                        | 4.3 STREET ADDRESS               |  | ľ                             |
| CITY-ST-ZIP   | ATLANTA GA 30339                          |                        | 4.4 CITY-ST-ZIP                  |  |                               |
| TITLE   | D   | DELETE                 | 5.1 TITLE                        |  | Change Addition               |
| NAME  | MCMILLIAN, C STEVEN                       |                        | 5.2 NAME                         |  |                               |
| STREET ADDRESS  | THREE FIRST NATIONAL PL                   |                        | 5.3 STREET ADDRESS               |  |                               |
| CITY-ST-ZIP   | CHICAGO IL 60602                          |                        | 5.4 CITY-ST-ZIP                  |  |                               |
| TITLE   | D   | ☐ DELETE               | 6.1 TITLE                        |  | Change Addition               |
| NAME  | GILLFILLAN, MICHAEL                       |                        | 5.2 NAME                         |  |                               |
| STREET ADDRESS  | 420 MONTGOMERY STREET,                    | 12TH FLOOR             | 6.3 STREET ADDRESS               |  |                               |
| CITY-ST-ZIP   | SAN FRANCISCO CA 94163                    |                        | 6.4 CITY-ST-ZIP                  |  |                               |

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 attaching with an address.

AIANIATURE

4-23-98