


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90132 048 ***150.00

0550250

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P24441

1. Corporation Name

THE HOOVER COMPANY



Principal Place of Business THE HOOVER COMPANY 101 E MAPLE ST NORTH CANTON OH 44720 US	Mailing Address C/O MAYTAG CORPORATION 403 W 4TH ST N NEWTON IA 50208 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
---	--

3. Date Incorporated or Qualified

05/23/1989

4. FEI Number

36-3567094

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	VC	
NAME	HADLEY, LEONARD A	
STREET ADDRESS	101 E. MAPLE STREET	
CITY-ST-ZIP	NORTH CANTON OH	
TITLE	TRES	<input type="checkbox"/> DELETE
NAME	URBANI, DAVID	
STREET ADDRESS	101 E. MAPLE STREET	
CITY-ST-ZIP	NORTH CANTON OH	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MINTON, KEITH G	
STREET ADDRESS	101 E. MAPLE STREET	
CITY-ST-ZIP	NORTH CANTON OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARROFF, JERRY M	
STREET ADDRESS	101 E. MAPLE STREET	
CITY-ST-ZIP	NORTH CANTON OH	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MAYER, JAMES B	
STREET ADDRESS	101 E. MAPLE STREET	
CITY-ST-ZIP	NORTH CANTON OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BENNETT, E JAMES	
STREET ADDRESS	101 E. MAPLE STREET	
CITY-ST-ZIP	NORTH CANTON OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. James Bennett

4/29/99

Date

515-792-7000

Daytime Phone #

CR2E034 (11/98)

LIST OF OFFICERS
THE HOOVER COMPANY
December 31, 1998

G:\MARY\OFFHOO.WK4

P2441
5324309013248

OFFICERS	BUSINESS ADDRESS	HOME ADDRESS
LEONARD A. HADLEY (484-38-0896) VICE-CHAIRMAN	101 EAST MAPLE STREET NORTH CANTON, OHIO 44720	325 NE 56TH COURT PLEASANT HILL, IA 50317
KEITH G. MINTON (290-42-3727) PRESIDENT	101 EAST MAPLE STREET NORTH CANTON, OHIO 44720	6332 LANGLEY, NW CANTON, OHIO 44718
JERRY F. LAUER (165-38-5478) VICE PRESIDENT- SALES	101 EAST MAPLE STREET NORTH CANTON, OHIO 44720	821 FAIR OAKS SW. NORTH CANTON, OHIO 44720
E. JAMES BENNETT (478-48-3736) SECRETARY	101 EAST MAPLE STREET NORTH CANTON, OHIO 44720	203 FOSTER DRIVE DES MOINES, IA 50312
DAVID D. URBANI (169-36-5946) TREASURER	101 EAST MAPLE STREET NORTH CANTON, OHIO 44720	4200 TIMBERWOOD WEST DES MOINES, IOWA 50265
EDWARD H. GRAHAM (509-32-1275) ASST. SECRETARY	101 EAST MAPLE STREET NORTH CANTON, OHIO 44720	4150 GREENWOOD DRIVE DES MOINES, IOWA 50312
VITAS A. STUKAS (269-98-4469) V/P- FINANCE	101 EAST MAPLE STREET NORTH CANTON, OHIO 44720	1950 MARKET AVENUE, APT. 84 CANTON, OHIO 44714

p2441.
5324309013248

LIST OF DIRECTORS
THE HOOVER COMPANY
December 31, 1998

G:\MARY\OFFHOO.WK4

DIRECTORS

HOME ADDRESS

LEONARD A. HADLEY

325 NE 56TH COURT
PLEASANT HILL, IA 50317

DAVID D. URBANI

4200 TIMBERWOOD
WEST DES MOINES, IOWA 50265

G. J. PRIBANIC

1736 NW 120TH ST
CLIVE, IOWA 50325