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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P32473 (1)**

1. Corporation Name  
**FRIGIDAIRE FINANCIAL CORPORATION**

Principal Place of Business <b>3720 LACON ROAD HILLIARD OH 43026-0520 US</b>	Mailing Address <b>P.O. BOX 520 3720 LACON ROAD HILLIARD OH 43026-0520 US</b>
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DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified <b>01/09/1991</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>34-1608112</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

<b>01</b> Name
<b>02</b> Street Address (P.O. Box Number is Not Acceptable)
<b>03</b>
<b>04</b> City
<b>05</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>DIGGIN, W.M.</b>
STREET ADDRESS	<b>11770 BEREA ROAD</b>
CITY - ST - ZIP	<b>CLEVELAND OH</b>
TITLE	<b>VS</b>
NAME	<b>ELLIOTT, D.R., JR.</b>
STREET ADDRESS	<b>11770 BEREA RD.</b>
CITY - ST - ZIP	<b>CLEVELAND OH</b>
TITLE	<b>V</b>
NAME	<b>SCHIERBAUM, W.D.</b>
STREET ADDRESS	<b>11770 BEREA RD.</b>
CITY - ST - ZIP	<b>CLEVELAND OH</b>
TITLE	<b>D</b>
NAME	<b>EKMAN, MATTS</b>
STREET ADDRESS	<b>LUXBACKEN 1, LILLA ESSINGEN</b>
CITY - ST - ZIP	<b>S105 45 STOCKHOLM SW</b>
TITLE	<b>VS</b>
NAME	<b>COOK, T.B.</b>
STREET ADDRESS	<b>3720 LACON ROAD</b>
CITY - ST - ZIP	<b>HILLIARD OH</b>
TITLE	<b>AS</b>
NAME	<b>JACOBS, W.G.E.</b>
STREET ADDRESS	<b>11770 BEREA RD.</b>
CITY - ST - ZIP	<b>CLEVELAND OH</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>COMPLETE LIST ATTACHED</b>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *J.J. Grill* **J.J. GRILL - ASSISTANT SECRETARY** 4/20/95 (614) 529-6315  
(Date) (Typed Name)

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**FRIGIDAIRE FINANCIAL CORPORATION  
OFFICERS AND DIRECTORS**

NAME	TITLE	BUSINESS ADDRESS
<b>DIRECTORS:</b>		
Matts Ekman		Luxbacken 1, Lilla Essingen, S105 45 Stockholm, Sweden
William M. Diggin		11770 Berea Road; Cleveland, Ohio 44111
Daniel R. Elliott, Jr.		11770 Berea Road; Cleveland, Ohio 44111
James L. Mishler		6000 Perimeter Drive; Dublin, Ohio 43017
Richard D. Rinehart		6000 Perimeter Drive; Dublin, Ohio 43017
Wayne D. Schierbaum		11770 Berea Road; Cleveland, Ohio 44111
<b>OFFICERS:</b>		
W. M. Diggin	President	11770 Berea Road; Cleveland, Ohio 44111
T. B. Cook	Vice President and General Manager	3720 Lacon Road; Hilliard, Ohio 43026
R. M. Henry	Controller and Treasurer	3720 Lacon Road; Hilliard, Ohio 43026
D. R. Elliott, Jr.	Vice President & Secretary	11770 Berea Road; Cleveland, Ohio 44111
R. D. Rinehart	Vice President	6000 Perimeter Drive; Dublin, Ohio 43017
W. D. Schierbaum	Vice President	11770 Berea Road; Cleveland, Ohio 44111
M. W. Russell	Assistant Treasurer	11770 Berea Road; Cleveland, Ohio 44111
T. D. Parks	Assistant Treasurer	11770 Berea Road; Cleveland, Ohio 44111
J. E. Miller	Assistant Treasurer	11770 Berea Road; Cleveland, Ohio 44111
W. G. E. Jacobs	Assistant Secretary	11770 Berea Road; Cleveland, Ohio 44111
J. J. Grill	Assistant Secretary	3720 Lacon Road; Hilliard, Ohio 43026
S. R. Miller	Assistant Secretary	11770 Berea Road; Cleveland, Ohio 44111