


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90108 035 ***150.00

DOCUMENT # P32473

1. Entity Name
ELECTROLUX FINANCIAL CORPORATION



Principal Place of Business
**294 E. CAMPUS VIEW BLVD.
 COLUMBUS, OH 43235 US**

Mailing Address
**18013 CLEVELAND PARKWAY
 SUITE 100
 CLEVELAND, OH 44135 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
**20445 Emerald Pkwy SW
 Suite 250**

Suite, Apt. #, etc.
Suite 250

City & State
Cleveland OH

City & State
Cleveland OH

Zip
44135

Country
USA



04112005 Chg-P CR2E034 (10/03)

4. FEI Number
34-1608112

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT RUSSELL, MARK W 18013 CLEVELAND PARKWAY, STE. 100 CLEVELAND, OH 44135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20445 Emerald Pkwy SW Ste #250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPG COOK, BARRY 294 E. CAMPUS VIEW BLVD. COLUMBUS, OH 432354634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC O'GORMAN, MARTY 250 BOBBY JONES EXPRESSWAY AUGUSTA, GA 30907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEIGAND, GEORGE C 18013 CLEVELAND PARK, STE. 100 CLEVELAND, OH 44135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20445 Emerald Pkwy SW Ste #250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINANDER, NINA GORANSGATEN 143 STOCKHOLM, SWEDEN S105 45, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAD PIETCH, RICHARD S 18013 CLEVELAND PARKWAY, STE. 100 CLEVELAND, OH 44135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20445 Emerald Pkwy SW Ste #250

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark W. Russell **Mark W. Russell, Vice President** 4-11-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #