

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, Apt. #, etc. Suite 250			
City & State _____		City & State Cleveland OH		4. FEI Number 34-1608112	
Zip _____		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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. <input type="checkbox"/> \$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, Vice President 4-11-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					