

1.) CORPORATION NAME:

Electrolux Professional, Inc.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1496886**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10200 DAVID TAYLOR DRIVE

CITY/ST/ZIP: CHARLOTTE, NC 28262

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ALBERTO ZANATA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	VIALE TREVISO 15		
CITY/ST/ZIP/CO:	, , FN		
NAME:	ROBERT J. BRUNOZZI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP-TAXES		
ADDRESS:	10200 DAVID TAYLOR DRIVE		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28262		
NAME:	RICHARD S PIETCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP/SEC/G CON		
ADDRESS:	20445 EMERALD PKWY SW - STE 250		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44135-0920		
NAME:	JOHN EVANS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10200 DAVID TAYLOR DRIVE		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28262		
NAME:	REBECCA HOOVER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10200 DAVID TAYLOR DRIVE		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28262		
NAME:	RICHARD PASCOLINI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10200 DAVID TAYLOR DRIVE		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28262		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD E ZAJACZKOWSKI SR VP-FIN/CONTR 10200 DAVID TAYLOR DRIVE CHARLOTTE, NC 28262	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAIGE ANDERSON ASST SECRETARY 20445 EMERALD PKWY SW - STE 250 CLEVELAND, OH 44135	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SALIM A. KAFITI ASST SECRETARY 10200 DAVID TAYLOR DRIVE CHARLOTTE, NC 28262	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ROBERT J. BRUNOZZI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT J. BRUNOZZI, SR VP-TAXES PRINTED NAME AND CORPORATE TITLE	1/13/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			