

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 813436

1. Corporation Name

WHIRLPOOL CORPORATION

Principal Place of Business

2000 M63 NORTH
TAX DEPARTMENT
BENTON HARBOR MI 49022

Mailing Address

2000 M63 NORTH
TAX DEPARTMENT
BENTON HARBOR MI 49022

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

3. Date Incorporated or Qualified

03/04/1959

4. FEI Number

38-1490038

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

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

TITLE VCFO ☐ DELETE

NAME HAKE, RALPH F
STREET ADDRESS 1490 HIWEDAY LANE
CITY-ST-ZIP ST JOSEPH MI 49085

TITLE C ☐ DELETE

NAME WHITWAM, DAVID R
STREET ADDRESS 1408 MANLEY CT
CITY-ST-ZIP ST JOSEPH MI

TITLE D ☐ DELETE

NAME CAIN, HERMAN
STREET ADDRESS 13511 SEWARD STREET
CITY-ST-ZIP OMAHA NE 68154

TITLE VP ☒ DELETE

NAME KAMINSKI, KENNETH W
STREET ADDRESS 513 LAKE STREET
CITY-ST-ZIP ST JOSEPH MI 49085

TITLE PCOO ☒ DELETE

NAME MAROHN, WILLIAM D.
STREET ADDRESS 1109 ST. JOSEPH DRIVE
CITY-ST-ZIP ST. JOSEPH MI

TITLE S ☐ DELETE

NAME HOPP, DANIEL F.
STREET ADDRESS 711 KINGSLEY AVENUE
CITY-ST-ZIP ST. JOSEPH MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T
Peters, Brian P.
648 Larkspur Place
St Joseph MI 49085

S
Kenagy, Robert T.
1772 Hacienda Place
Stevensville MI 49127

V
Hopp, Daniel F.
711 Kingsley Avenue
St. Joseph MI 49085

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 be 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

CHICAGO, IL 60606-6301

Date

Daytime Phone #

CR2E034 (11/98)

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90110 048 ***150.00



DO NOT WRITE IN THIS SPACE