

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 813436

1. Entity Name

WHIRLPOOL CORPORATION

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90125 034 ***150.00

Principal Place of Business

Mailing Address

2000 M63 NORTH
TAX DEPARTMENT
BENTON HARBOR MI 49022

2000 M63 NORTH
TAX DEPARTMENT
BENTON HARBOR MI 49022-2632

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-1490038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VCFO ☒ Delete
NAME HAKE, RALPH F
STREET ADDRESS 1490 HIDEWAY LANE
CITY-ST-ZIP ST JOSEPH MI 49085

TITLE VCFO ☐ Change ☒ Addition
NAME MARK BROWN
STREET ADDRESS 2020 MORTON AVENUE
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CAIN, HERMAN
STREET ADDRESS 13511 SEWARD STREET
CITY-ST-ZIP OMAHA NE 68154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME PETERS, BRIAN P
STREET ADDRESS 648 LARKSPUR PL
CITY-ST-ZIP ST JOSEPH MI

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME KENAGY, ROBERT T
STREET ADDRESS 1772 HACIENDA PL
CITY-ST-ZIP STEVEBSVILLE MI

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 I were the 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 on the report or supplemental report, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel F Hopp Sr VP, Corp Affairs, & Gen'l Counsel

Date

Daytime Phone #

CHICAGO, IL 60606-6301

CR2E034 (9/99)