

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000001375 (3)**

1. Corporation Name  
**WHIRLPOOL REALTY CORPORATION**



Principal Place of Business  
**2000 M-63 NORTH  
BENTON HARBOR MI 49022**

Mailing Address  
**2000 M-63 NORTH  
BENTON HARBOR MI 49022**

3. Date Incorporated or Qualified  
**03/22/1995**

3a. Date of Last Report

2. Principal Place of Business  
21 **2000 M-63**

2a. Mailing Address  
26 **2000 M-63**

Suite, Apt. #, etc.  
22 **MAIL DROP # 1202**

27 **MAIL DROP # 1202**

City & State  
23

28

4. FEI Number  
**APPLIED FOR 38-3228056**

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip  
25 **USA**

29 Zip  
30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

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

83

84 City

85 Zip Code  
**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BELL, BRADLEY J	
STREET ADDRESS	2000 M-63 NORTH	
CITY-ST-ZIP	BENTON HARBOR MI	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HOPP, DANIEL F	
STREET ADDRESS	2000 M-63 NORTH	
CITY-ST-ZIP	BENTON HARBOR MI	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMPSON, ROBERT G	
STREET ADDRESS	2000 M-63 NORTH	
CITY-ST-ZIP	BENTON HARBOR MI	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KEILMAN, DENNIS	
STREET ADDRESS	2000 M-63 NORTH	
CITY-ST-ZIP	BENTON HARBOR MI	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	GRIESINGER, GLORIA	
STREET ADDRESS	2000 M-63 NORTH	
CITY-ST-ZIP	BENTON HARBOR MI	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KEILMAN, DENNIS	
STREET ADDRESS	2000 M-63 NORTH	
CITY-ST-ZIP	BENTON HARBOR MI	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Carol J. Hox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
VICE PRESIDENT, GENERAL COUNSEL, AND SECRETARY

4/26/96 (616) 923-3697

CR2E034 (12/96)