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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000001375 (3)

1. Corporation Name
WHIRLPOOL REALTY CORPORATION



Principal Place of Business: 200 M-63 MAIL DROP #1202 BENTON HARBOR MI 49022 US
Mailing Address: 200 M-63 MAIL DROP #1202 BENTON HARBOR MI 49022 US

3. Date Incorporated or Qualified: 03/22/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 2000 M-63, 22 MAIL DROP #1202, 23 Benton Harbor, MI, 24 49022, 25 US
2a. Mailing Address: 26 2000 M-63, 27 MAIL DROP #1202, 28 Benton Harbor, MI, 29 49022, 30 US
4. FEI Number: 38-3228056
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

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, BRADLEY J	1.2 NAME	
STREET ADDRESS	2000 M-63 NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	BENTON HARBOR MI	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPP, DANIEL F	2.2 NAME	
STREET ADDRESS	2000 M-63 NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	BENTON HARBOR MI	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, ROBERT G	3.2 NAME	
STREET ADDRESS	2000 M-63 NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	BENTON HARBOR MI	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEILMAN, DENNIS	4.2 NAME	
STREET ADDRESS	2000 M-63 NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	BENTON HARBOR MI	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIESINGER, GLORIA	5.2 NAME	
STREET ADDRESS	2000 M-63 NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	BENTON HARBOR MI	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEILMAN, DENNIS	6.2 NAME	
STREET ADDRESS	2000 M-63 NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	BENTON HARBOR MI	6.4 CITY-ST-ZIP	

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14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE: [Signature] DANIEL F. HOPP, VICE PRESIDENT, GENERAL COUNSEL, AND SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR

Date: 4/22/97

Daytime Phone #

CR2E034 (9/96)