

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90046 044 ***150.00

CR2E034 (9/01)

DOCUMENT # F95000001375

1. Entity Name
WHIRLPOOL REALTY CORPORATION

Principal Place of Business 2000 M-63 NORTH MAIL DROP #1702 BENTON HARBOR MI 49022 US	Mailing Address 2000 M-63 NORTH MAIL DROP #1702 BENTON HARBOR MI 49022 US
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DO NOT WRITE IN THIS SPACE

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 38-3228056	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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 VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEDDERMAN, CARL		NAME NEDDERMAN, CARL	
STREET ADDRESS 2000 M-63 NORTH		STREET ADDRESS 2000 M-63 NORTH	
CITY-ST-ZIP BENTON HARBOR MI 49022		CITY-ST-ZIP BENTON HARBOR MI 49022	
TITLE PTD	<input type="checkbox"/> Delete	TITLE PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, MARK		NAME BROWN, MARK	
STREET ADDRESS 2000 M-63 NORTH		STREET ADDRESS 2000 M-63 NORTH	
CITY-ST-ZIP BENTON HARBOR MI 49022		CITY-ST-ZIP BENTON HARBOR MI 49022	
TITLE AS	<input type="checkbox"/> Delete	TITLE AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YINGER, C LAWRENCE		NAME YINGER, C LAWRENCE	
STREET ADDRESS 2000 M-63 NORTH		STREET ADDRESS 2000 M-63 NORTH	
CITY-ST-ZIP BENTON HARBOR MI 49022		CITY-ST-ZIP BENTON HARBOR MI 49022	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KENAGY, ROBERT T		NAME KENAGY, ROBERT T	
STREET ADDRESS 2000 M-63 NORTH		STREET ADDRESS 2000 M-63 NORTH	
CITY-ST-ZIP BENTON HARBOR FL 49022		CITY-ST-ZIP BENTON HARBOR MI 49022	
TITLE SVD	<input type="checkbox"/> Delete	TITLE SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOPP, DANIEL		NAME HOPP, DANIEL	
STREET ADDRESS 2000 N 63 N		STREET ADDRESS 2000 N 63 N	
CITY-ST-ZIP BENTON HARBOR MA 49022		CITY-ST-ZIP BENTON HARBOR MI 49022	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 11 or Block 12 if changed, or on an attachment with an address, with a power of attorney, or on an attachment with an address, with a power of attorney.

SIGNATURE: *Robert T Kenagy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNST & YOUNG LLP
34-6565596
CHICAGO, IL 60606-6301

616-923-5000
 Daytime Phone #