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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Candra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 813436 (3)
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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24, 25, 29, 30

3. Date incorporated or Qualified: 03/04/1959
3a. Date of Last Report: 05/01/1994
4. FEI Number: 38-1490038
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under § 199.002, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1,900 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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: _____ (Signature, typed or printed name of registered agent and the corporation)
DATE: _____ (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|--|
| TITLE | VC | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAMARTINI, JAMES R. | 2. NAME | |
| STREET ADDRESS | 1315 LAKE BLVD. | 3. STREET ADDRESS | |
| CITY, ST, ZIP | ST JOSEPH MI | 4. CITY, ST, ZIP | |
| TITLE | C | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITWAM, DAVID R | 2.2 NAME | |
| STREET ADDRESS | 1408 MANLEY CT | 2.3 STREET ADDRESS | |
| CITY, ST, ZIP | ST JOSEPH MI | 2.4 CITY, ST, ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BONOMO, VICTOR | 3.2 NAME | |
| STREET ADDRESS | 7 SMITH RIDGE LANE | 3.3 STREET ADDRESS | |
| CITY, ST, ZIP | NEW CANAAN CT | 3.4 CITY, ST, ZIP | |
| TITLE | V | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLMES, STEPHEN F | 4.2 NAME | |
| STREET ADDRESS | 2330 LAKESHORE DR | 4.3 STREET ADDRESS | |
| CITY, ST, ZIP | ST JOSEPH MI | 4.4 CITY, ST, ZIP | |
| TITLE | EVP | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHIRLPOOL EUROPE BOWMAN HW | 5.2 NAME | |
| STREET ADDRESS | VIA PANERA 9 | 5.3 STREET ADDRESS | |
| CITY, ST, ZIP | 21020 LUVINATE VA IT | 5.4 CITY, ST, ZIP | |
| TITLE | S | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOPP, DANIEL F. | 6.2 NAME | |
| STREET ADDRESS | 711 KINGSLEY AVENUE | 6.3 STREET ADDRESS | |
| CITY, ST, ZIP | ST. JOSEPH MI | 6.4 CITY, ST, ZIP | |

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 110.07(3)(k), Florida Statutes. I further certify that the information presented 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 in person. I am an officer or director of the corporation or the president 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, as appropriate, or in an attached list with an address.

SIGNATURE: *Daniel F. Hopp* DANIEL F. HOPP 4/25/95 (616) 923-3897
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR