

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1959	3a. Date of Last Report 05/01/1996
21	22	23	24	4. FEI Number 38-1490038	Applied For <input type="checkbox"/> Not Applicable
25		26		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
27		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83				84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMARTINI, JAMES R.	1.2 NAME	BUNNINGHAM, JOHN P.
STREET ADDRESS	1315 LAKE BLVD.	1.3 STREET ADDRESS	1301 LAKE BOULEVARD
CITY - ST - ZIP	ST JOSEPH MI	1.4 CITY - ST - ZIP	ST JOSEPH MI 49085
TITLE	C <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	PCOO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROHN, WILLIAM D.	5.2 NAME	
STREET ADDRESS	1109 ST. JOSEPH DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST. JOSEPH MI	5.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	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 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 if changed, or on an attachment with an address.

SIGNATURE: _____ **DATE:** 4/22/97 **DAYTIME PHONE #:** 0627655

CR2E034 (9/96)