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May 01 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 813436 (3)**  
 1. Corporation Name  
**WHIRLPOOL CORPORATION**



Principal Place of Business <b>2000 M63 NORTH TAX DEPARTMENT BENTON HARBOR MI 49022</b>	Mailing Address <b>2000 M63 NORTH TAX DEPARTMENT BENTON HARBOR MI 49022</b>
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<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> <b>03/04/1959</b>	<b>3a. Date of Last Report</b> <b>05/01/1996</b>
<b>4. FEI Number</b> <b>38-1490038</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>9. Name and Address of Current Registered Agent</b> <b>C T CORPORATION SYSTEM</b> <b>1200 S PINE ISLAND RD</b> <b>PLANTATION FL 33324</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 <b>VC</b> <input checked="" type="checkbox"/> DELETE NAME <b>SAMARTINI, JAMES R.</b> STREET ADDRESS <b>1315 LAKE BLVD.</b> CITY-ST-ZIP <b>ST JOSEPH MI</b>		1.1 TITLE <b>CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>BUNNINGHAM, JOHN P.</b> 1.3 STREET ADDRESS <b>1301 LAKE BOULEVARD</b> 1.4 CITY-ST-ZIP <b>ST JOSEPH MI 49085</b>	
TITLE <b>C</b> <input type="checkbox"/> DELETE NAME <b>WHITWAM, DAVID R</b> STREET ADDRESS <b>1408 MANLEY CT</b> CITY-ST-ZIP <b>ST JOSEPH MI</b>		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>BONOMO, VICTOR</b> STREET ADDRESS <b>7 SMITH RIDGE LANE</b> CITY-ST-ZIP <b>NEW CANAAN CT</b>		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b> <input type="checkbox"/> DELETE NAME <b>HOLMES, STEPHEN F</b> STREET ADDRESS <b>2330 LAKESHORE DR</b> CITY-ST-ZIP <b>ST JOSEPH MI</b>		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>PCOO</b> <input type="checkbox"/> DELETE NAME <b>MAROHN, WILLIAM D.</b> STREET ADDRESS <b>1109 ST. JOSEPH DRIVE</b> CITY-ST-ZIP <b>ST. JOSEPH MI</b>		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b> <input type="checkbox"/> DELETE NAME <b>HOPP, DANIEL F.</b> STREET ADDRESS <b>711 KINGSLEY AVENUE</b> CITY-ST-ZIP <b>ST. JOSEPH MI</b>		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **VICE PRESIDENT, GENERAL COUNSEL, AND SECRETARY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/22/97**

Daytime Phone # **0527655**

CR2E034 (9/96)