

FILE NOW; FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1959	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 38-1490038	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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				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 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	CFO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SEVP/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUNNINGHAM, JOHN P	1.2 NAME	RALPH F. HAKE
STREET ADDRESS	1301 LAKE BLVD	1.3 STREET ADDRESS	1490 HIDEWAY LANE
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 checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONOMO, VICTOR	3.2 NAME	HERMAN CAIN
STREET ADDRESS	7 SMITH RIDGE LANE	3.3 STREET ADDRESS	13511 SEWARD STREET
CITY-ST-ZIP	NEW CANAAN CT	3.4 CITY-ST-ZIP	OMAHA NE 68154
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMES, STEPHEN F	4.2 NAME	KENNETH W. KAMINSKI
STREET ADDRESS	2330 LAKESHORE DR	4.3 STREET ADDRESS	513 LAKE STREET
CITY-ST-ZIP	ST JOSEPH MI	4.4 CITY-ST-ZIP	ST. JOSEPH MI 49085
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 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: *[Signature]* DANIEL F. HOPP 04/28/98 (616) 923-3897

CR2E034 (10/97)