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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

Mailing Address

2000 M63 NORTH
TAX DEPARTMENT
BENTON HARBOR MI 49022

2000 M63 NORTH
TAX DEPARTMENT
BENTON HARBOR MI 49022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1959

4. FEI Number

38-1490038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ☒ DELETE

1.1 TITLE ☐ Change ☒ 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 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **WHITWAM, DAVID R**

STREET ADDRESS **1408 MANLEY CT**

CITY-ST-ZIP **ST JOSEPH MI**

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME **BONOMO, VICTOR**

STREET ADDRESS **7 SMITH RIDGE LANE**

CITY-ST-ZIP **NEW CANAAN CT**

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME **HOLMES, STEPHEN F**

STREET ADDRESS **2330 LAKESHORE DR**

CITY-ST-ZIP **ST JOSEPH MI**

TITLE ☐ DELETE

4.2 NAME **KENNETH W. KAMINSKI**

STREET ADDRESS **1109 ST. JOSEPH DRIVE**

CITY-ST-ZIP **ST. JOSEPH MI**

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **HOPP, DANIEL F.**

STREET ADDRESS **711 KINGSLEY AVENUE**

CITY-ST-ZIP **ST. JOSEPH MI**

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **HOPP, DANIEL F.**

STREET ADDRESS **711 KINGSLEY AVENUE**

CITY-ST-ZIP **ST. JOSEPH MI**

TITLE ☐ DELETE

6.2 NAME

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

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

DANIEL F. HOPP 04/28/98 (616) 923-3897

CR2E034 (10/97)