

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90110 048 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 813436

1. Corporation Name
WHIRLPOOL CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2000 M63 NORTH
 TAX DEPARTMENT
 BENTON HARBOR MI 49022**

Mailing Address
**2000 M63 NORTH
 TAX DEPARTMENT
 BENTON HARBOR MI 49022**

3. Date Incorporated or Qualified
03/04/1959

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip Country
 24 25

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29 30

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 **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

TITLE	VCF0	<input type="checkbox"/> DELETE
NAME	HAKE, RALPH F	
STREET ADDRESS	1490 HIDEWAY LANE	
CITY-ST-ZIP	ST JOSEPH MI 49085	
TITLE	C	<input type="checkbox"/> DELETE
NAME	WHITWAM, DAVID R	
STREET ADDRESS	1408 MANLEY CT	
CITY-ST-ZIP	ST JOSEPH MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAIN, HERMAN	
STREET ADDRESS	13511 SEWARD STREET	
CITY-ST-ZIP	OMAHA NE 68154	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KAMINSKI, KENNETH W	
STREET ADDRESS	513 LAKE STREET	
CITY-ST-ZIP	ST JOSEPH MI 49085	
TITLE	PCOO	<input checked="" type="checkbox"/> DELETE
NAME	MAROHN, WILLIAM D.	
STREET ADDRESS	1109 ST. JOSEPH DRIVE	
CITY-ST-ZIP	ST. JOSEPH MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOPP, DANIEL F.	
STREET ADDRESS	711 KINGSLEY AVENUE	
CITY-ST-ZIP	ST. JOSEPH MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T Peters, Brian P.
4.3 STREET ADDRESS	648 Larkspur Place
4.4 CITY-ST-ZIP	St Joseph MI 49085
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S Kenagy, Robert T.
5.3 STREET ADDRESS	1772 Hacienda Place
5.4 CITY-ST-ZIP	Stevensville MT 49127
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	V Hopp, Daniel F.
6.3 STREET ADDRESS	711 Kingsley Avenue
6.4 CITY-ST-ZIP	St. Joseph MI 49085

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 and the signature of the officer or director, if made under oath, that I am an officer or director of the corporation of 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNST & YOUNG LLP
 34-8565598
 CHICAGO, IL 60606-6301
 Date: 4-6-99
 Daytime Phone #: 616 923 3897

CR2E034 (1/1/98)