

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90013 013 \*\*\*150.00

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**DOCUMENT # 813436**

1. Entity 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**

**761988**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-1490038**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VCFO	<input type="checkbox"/> Delete
NAME	BROWN, MARK	
STREET ADDRESS	2020 MORTON AVE	
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	T	<input checked="" type="checkbox"/> Delete
NAME	<del>PETERS, BRIAN P</del>	
STREET ADDRESS	<del>648 LARKSPUR PL</del>	
CITY-ST-ZIP	<del>ST JOSEPH MI</del>	
TITLE	S	<input type="checkbox"/> Delete
NAME	KENAGY, ROBERT T	
STREET ADDRESS	1772 HACIENDA PL	
CITY-ST-ZIP	STEVESVILLE MI	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOPP, DANIEL F	
STREET ADDRESS	711 KINGSLEY AVENUE	
CITY-ST-ZIP	ST. JOSEPH MI	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blair Clark	
STREET ADDRESS	19 Eastfield Court	
CITY-ST-ZIP	Battle Creek, MI 49014-8403	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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. If my name appears in Block 11 or Block 12, if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: *Robert T. Kenagy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ERIN ST & YOUNG LLP**  
 34-6565596  
 CHICAGO, IL 60606-6301

Date Daytime Phone #

Robert T. Kenagy, Associate General Counsel & Corporate Secretary

CR2E034 (10/00)