

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813436

FILED
Apr 30, 2009
Secretary of State

Entity Name: WHIRLPOOL CORPORATION

Current Principal Place of Business:

2000 M63 NORTH
TAX DEPARTMENT
BENTON HARBOR, MI 49022

New Principal Place of Business:

2000 M63 NORTH
BENTON HARBOR, MI 49022

Current Mailing Address:

2000 M63 NORTH
TAX DEPT MD2900
BENTON HARBOR, MI 49022

New Mailing Address:

FEI Number: 38-1490038 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFOV () Delete
Name: TEMPLIN, ROY W
Address: 2000 N. M-63
City-St-Zip: BENTON HARBOR, MI 490222692

Title: CEO () Delete
Name: FETTIG, JEFF M
Address: 2000 N. M-63
City-St-Zip: BENTON HARBOR, MI 490222692

Title: D () Delete
Name: DICAMILLO, GARY T
Address: 2000 N. M-63
City-St-Zip: BENTON HARBOR, MI 490222692

Title: T () Delete
Name: MCLEOD, MARGARET
Address: 2000 N. M-63
City-St-Zip: BENTON HARBOR, MI 490222692

Title: VS () Delete
Name: HOPP, DANIEL F
Address: 2000 N. M-63
City-St-Zip: BENTON HARBOR, MI 490222692

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET M MCLEOD

T

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date