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Aug 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **812892** (8)

1. Corporation Name

WHIRLPOOL FINANCIAL CORPORATION

Principal Place of Business

Mailing Address

**553 BENSON ROAD
BENTON HARBOR MI 49022**

**553 BENSON ROAD
BENTON HARBOR MI 49022**



3. Date Incorporated or Qualified

06/24/1958

4. FEI Number

38-1544247

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**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

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

Principal Place of Business

2000 N. M-63, MD1211

Suite, Apt. #, etc.

2a. Mailing Address

2000 N. M-63, MD1211

Suite, Apt. #, etc.

City & State

BENTON HARBOR, MI

Zip

49022

Country

25 BORRIEN

City & State

BENTON HARBOR MI

Zip

49022

Country

30 BORRIEN

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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

Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

TURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

VD	<input checked="" type="checkbox"/> DELETE
NAME	PETERS, BRIAN F.
STREET ADDRESS	648 LARKSPUR PLACE
CITY-ST-ZIP	ST. JOSEPH MI
V	<input checked="" type="checkbox"/> DELETE
NAME	GOSSETT, HARRY A
STREET ADDRESS	1524 S. LUPINE ST.
CITY-ST-ZIP	ST. JOSEPH MI
VD	<input checked="" type="checkbox"/> DELETE
NAME	MAGAVERO, GERALD A.
STREET ADDRESS	6217 LAKEWOOD PT.
CITY-ST-ZIP	COLOMA MI 49038
PCD	<input checked="" type="checkbox"/> DELETE
NAME	LEBLANC, JAMES E.
STREET ADDRESS	5356 N APLINE RIDGE
CITY-ST-ZIP	STEVENSVILLE MI
VD	<input checked="" type="checkbox"/> DELETE
NAME	WORRELL, RONALD C.
STREET ADDRESS	1615 CARDINAL DR
CITY-ST-ZIP	ST JOSEPH MI
V	<input checked="" type="checkbox"/> DELETE
NAME	ASSELL, LAWRENCE F
STREET ADDRESS	3265 ESTATES DR. N
CITY-ST-ZIP	ST JOSEPH MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DANIEL F. HOPP	
1.3 STREET ADDRESS	2000 N. M-63	
1.4 CITY-ST-ZIP	BENTON HARBOR MI 49022	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRIAN F. PETERS	
2.3 STREET ADDRESS	2000 N. M-63	
2.4 CITY-ST-ZIP	BENTON HARBOR MI 49022	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARK BROWN	
3.3 STREET ADDRESS	2000 N. M-63	
3.4 CITY-ST-ZIP	BENTON HARBOR MI 49022	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BRIAN CHAMNESS	
4.3 STREET ADDRESS	553 BENSON ROAD	
4.4 CITY-ST-ZIP	BENTON HARBOR MI 49022	
5.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROBERT I. KENALY	
5.3 STREET ADDRESS	2000 N. M-63	
5.4 CITY-ST-ZIP	BENTON HARBOR MI 49022	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROBERT LAFOREST	
6.3 STREET ADDRESS	2000 N. M-63	
6.4 CITY-ST-ZIP	BENTON HARBOR MI 49022	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Brian Chamness** 7/20/98 (1110-9310-9400)

CR2E037 (10/97)

Whirlpool Financial Corporation
Officers

Daniel F. Hopp	President
Ralph Hake	Executive Vice President
Brian Peters	Vice President & Treasurer
Mark E. Brown	Vice President & Assistant Treasurer
Robert T. Kenagy	Vice President and Secretary
Robert LaForest	Vice President and Assistant Secretary
C. Laurence Yinger	Vice President and Assistant Secretary
Brian L. Chamness	Vice President
William P. Lorenz	Vice President

Whirlpool Financial Corporation
Directors

Daniel F. Hopp

Brian Peters

Mark E. Brown