


FILE NOW: FILING FEE IS \$61.25

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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90195 007 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 812892</b>					
1. Corporation Name <b>WHIRLPOOL FINANCIAL CORPORATION</b>					
Principal Place of Business 2000 N M-63 MD 1211 BENTON HARBOR MI 49022 US			Mailing Address 2000 N M-63 MD 1211 BENTON HARBOR MI 49022 US		



2. Principal Place of Business 21 <u>2000 N M-63, MD 1211</u> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <u>2000 N M-63, MD 1211</u> Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified <u>06/24/1958</u>	
23 <u>Benton Harbor, MI</u> City & State 24 <u>49022</u> 25 <u>USA</u> Zip Country		28 <u>Benton Harbor, MI</u> City & State 29 <u>49022</u> 30 <u>USA</u> Zip Country		4. FEI Number <u>38-1544247</u> Applied For Not Applicable	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. Name and Address of New Registered Agent				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	

11. 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.

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPP, DANIEL F	1.2 NAME	
STREET ADDRESS	2000 N M-63	1.3 STREET ADDRESS	
CITY-ST-ZIP	BENTON HARBOR MI 49022	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, BRIAN F	2.2 NAME	
STREET ADDRESS	2000 N M-63	2.3 STREET ADDRESS	
CITY-ST-ZIP	BENTON HARBOR MI 49022	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARK	3.2 NAME	
STREET ADDRESS	2000 N M-63	3.3 STREET ADDRESS	
CITY-ST-ZIP	BENTON HARBOR MI 49022	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMNESS, BRIAN	4.2 NAME	
STREET ADDRESS	553 BENSON RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BENTON HARBOR MI 49022	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENAGY, ROBERT T	5.2 NAME	
STREET ADDRESS	2000 N M-63	5.3 STREET ADDRESS	
CITY-ST-ZIP	BENTON HARBOR MI 49022	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFOREST, ROBERT	6.2 NAME	
STREET ADDRESS	2000 N M-63	6.3 STREET ADDRESS	
CITY-ST-ZIP	BENTON HARBOR MI 49022	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 617, 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: Brian Chamness **SIGNATURE REQUIRED** Brian Chamness 2/17/99 616 926-5590  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)