2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT #812892** Mar 22, 2000 8:00 am Secretary of State 1. Entity Name WHIRLPOOL FINANCIAL CORPORATION 03-22-2000 90154 001 ***211.25 Principal Place of Business Mailing Address 2000 N M-63 2000 N M-63 MD 1211 MD 1211 UTIU BENTON HARBOR MI 49022-2632 BENTON HARBOR MI 49022 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State Citý & State 4. FEI Number 38-1544247 Not Applicable Zip Country Zip! Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS! 10. 11. Addition ☐ Delete Change TITLE TITLE NAME HOPP, DANIEL F STREET ADDRESS STREET ADDRESS 2000 N M-63 CITY-ST-ZIP CITY-ST-ZIP **BENTON HARBOR MI 49022** Delete TITLE ☐ Change ☐ Addition TITLE σT NAME NAME PETERS, BRIAN F STREET ADDRESS STREET ADDRESS 2000 N M-63 CITY-ST-ZIP CITY-ST-7IP BENTON HARBOR MI 49022 Addition ☐ Change TITLE Delete TITLE NAME NAME BROWN, MARK STREET ADDRESS STREET ADDRESS 2000 N M-63 CITY - ST- 7IP CITY-ST-ZIP **BENTON HARBOR MI 49022** Change Addition ☐ Delete TITLE TITLE NAME CHAMNESS, BRIAN NAME 2000 N. M-63 STREET ADDRESS STREET ADDRESS 559 BENSON RD CITY-ST-ZIP CITY-ST-ZIP **BENTON HARBOR MI 49022** ☐ Delete TITLE Change ☐ Addition NAME KENAGY, ROBERT T STREET ADDRESS STREET ADDRESS 2000 N M-63 CITY-ST-ZIP CITY-ST-ZIP **BENTON HARBOR MI 49022** ☐ Change Addition ☐ Delete TITLE LAFOREST, ROBERT NAME STREET ADDRESS STREET ADDRESS 2000 N M-63

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

BENTON HARBOR MI 49022

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00 (616)923-6445