## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State DOCUMENT # **F95000006305** 1. Entity Name WHIRLPOOL FINANCIAL CORPORATION OVERSEAS 03-22-2000 90154 001 \*\*\*211.25 Principal Place of Business Mailing Address 2000 N M-63 MD1211 2000 N M-63 MD1211 BENTON HARBOR MI 49022 BENTON HARBOR MI 49022-2632 -Cheath from US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of Now Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition ☐ Delete TITLE LAKE, MICHAEL C NAME NAME STREET ADDRESS 2000 N M-63 STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **BENTON HARBOR MI 49022** Change ☐ Addition ☐ Delete TITLE CHAMNESS, BRIAN L NAME STREET ADDRESS 2000 N M-63 STREET ADDRESS CITY-ST-ZIF **BENSON HARBOR MI 49022** CITY-ST-ZIP Delete ☐ Change Addition TITLE YINGER, C L NAME 2000 N M-63 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BENTON HARBOR MI 49022** CITY-ST-ZIP Change Addition TITLE ☐ Delete KENAGY, ROBERT T NAME STREET ADDRESS STREET ADDRESS 2000 N M-63 **BENTON HARBOR MI 49022** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE

13. I hereby certify that the information supplied with this filling 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; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

PETERS, BRIAN F

**BENTON HARBOR MI 49022** 

2000 N M-63

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/8/00 (616)923-6445

Change

Addition