

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90060 047 ***550.00

DOCUMENT # F96000000024

1. Entity Name

WHIRLPOOL FINANCIAL LATIN AMERICA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2000 N.M.-63. MD 1211
 BENTON HARBOR MI 49022
 US

2000 N.M.-63. MD 1211
 BENTON HARBOR MI 49022
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LAKE, MIKE	
STREET ADDRESS	2000 N. M-63	
CITY-ST-ZIP	BENTON HARBOR MI 49022	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHAMNESS, BRIAN	
STREET ADDRESS	2000 N. M-63	
CITY-ST-ZIP	BENTON HARBOR MI 49022	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	PETERS, BRIAN F	
STREET ADDRESS	2000 N. M-63	
CITY-ST-ZIP	BENTON HARBOR MI 49022	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KENAGY, ROBERT T.	
STREET ADDRESS	2000 N. M-63	
CITY-ST-ZIP	BENTON HARBOR MI 49022	
TITLE	VS	<input type="checkbox"/> Delete
NAME	YINGER, C. LAURENCE	
STREET ADDRESS	2000 N. M-63	
CITY-ST-ZIP	BENTON HARBOR MI 49022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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.

SIGNATURE: *Brian Chamness*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN CHAMNESS 5/5/00 923-5982
 Date Daytime Phone #

CR2E034 (9/99)