2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# F03000004693

Entity Name: WESTFIELD SERVICES, INC.

Current Principal Place of Business:

ONE PARK CIRCLE
WESTFIELD CENTER, OH 44251

New Principal Place of Business:

ONE PARK CIRCLE
LEGAL DEPARTMENT
WESTFIELD CENTER, OH 44251

Current Mailing Address:

P.O. BOX 5001
WESTFIELD CENTER, OH 442515001

New Mailing Address:

ONE PARK CIRCLE
LEGAL DEPARTMENT
WESTFIELD CENTER, OH 44251

FEI Number: 34-1861077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OHIO FARMERS INSURANCE COMPANY
WOOD RIDGE II PROFESSIONAL PLAZA
2403 S.E. 17TH STREET, SUITE 401
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CCEO ( ) Delete
Name: JOYCE, ROBERT J
Address: P.O. BOX 5001
City-St-Zip: WESTFIELD CENTER, OH 442515001

Title: P ( ) Delete
Name: WARFEL, JOHN E
Address: P.O. BOX 5001
City-St-Zip: WESTFIELD CENTER, OH 442515001

Title: T ( ) Delete
Name: KRISOWATY, ROBERT
Address: P.O. BOX 5001
City-St-Zip: WESTFIELD CENTER, OH 442515001

Title: SEC ( ) Delete
Name: CARRINO, FRANK A
Address: P.O. BOX 5001
City-St-Zip: WESTFIELD CENTER, OH 442515001

Title: C ( ) Delete
Name: BESHIRE, BAMBI A
Address: P.O. BOX 5001
City-St-Zip: WESTFIELD CENTER, OH 442515001

Title: E ( ) Delete
Name: BOWERMAN, BRIAN R
Address: P.O. BOX 5001
City-St-Zip: WESTFIELD CENTER, OH 442515001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: COO (X) Change ( ) Addition
Name: MCMANUS, ROGER W
Address: P.O. BOX 5001
City-St-Zip: WESTFIELD CENTER, OH 442515001

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK A. CARRINO SEC 02/24/2009

Electronic Signature of Signing Officer or Director — Date