

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000713 (6)

1. Corporation Name
WESTFIELD SERVICES, INC.



Principal Place of Business: **11111 SANTA MONICA BOULEVARD LOS ANGELES CA 90025**
Mailing Address: **11111 SANTA MONICA BOULEVARD LOS ANGELES CA 90025**

2. Principal Place of Business: **21 11601 Wilshire Blvd. 22 12th Floor 23 Los Angeles, CA 24 90025 25 USA**
2a. Mailing Address: **26 11601 Wilshire Blvd. 27 12th Floor 28 Los Angeles, CA 29 90025 30 USA**

3. Date Incorporated or Qualified: **02/10/1995** 3a. Date of Last Report
4. FEI Number: **95-4497934** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **NATIONAL CORPORATE RESEARCH, LTD., INC. 1406 HAYS STREET - SUITE #2 TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent: **81 Name: 82 Street Address (P.O. Box Number is Not Accepted): 83 City: 84 FL 85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP NAME: GREEN, RICHARD E STREET ADDRESS: 11111 SANTA MONICA BOULEVARD CITY, ST, ZIP: LOS ANGELES CA 90025	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 11601 Wilshire Blvd., 12th Floor 1.3 STREET ADDRESS: Los Angeles, CA 90025 1.4 CITY, ST, ZIP:	
TITLE: DV NAME: LOWY, PETER S STREET ADDRESS: 11111 SANTA MONICA BOULEVARD CITY, ST, ZIP: LOS ANGELES CA 90025	<input type="checkbox"/> DELETE	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 11601 Wilshire Blvd., 12th Floor 2.3 STREET ADDRESS: Los Angeles, CA 90025 2.4 CITY, ST, ZIP:	
TITLE: S NAME: PORTER, ROGER STREET ADDRESS: 11111 SANTA MONICA BOULEVARD CITY, ST, ZIP: LOS ANGELES CA 90025	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME: Secretary 3.3 STREET ADDRESS: Robert P. Bermingham 3.4 CITY, ST, ZIP: 11601 Wilshire Blvd., 12th Floor 3.5 CITY, ST, ZIP: Los Angeles, CA 90025	
TITLE: T NAME: STEFANEK, MARK STREET ADDRESS: 11111 SANTA MONICA BOULEVARD CITY, ST, ZIP: LOS ANGELES CA 90025	<input type="checkbox"/> DELETE	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 11601 Wilshire Blvd, 12th Floor 4.3 STREET ADDRESS: Los Angeles, CA 90025 4.4 CITY, ST, ZIP:	
TITLE: AT NAME: WILSON, MARK STREET ADDRESS: 11111 SANTA MONICA BOULEVARD CITY, ST, ZIP: LOS ANGELES CA 90025	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY, ST, ZIP:	
TITLE: D NAME: LOWY, FRANK STREET ADDRESS: 11111 SANTA MONICA BOULEVARD CITY, ST, ZIP: LOS ANGELES CA 90025	<input type="checkbox"/> DELETE	6.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: 11601 Wilshire Blvd., 12th Floor 6.3 STREET ADDRESS: Los Angeles, CA 90025 6.4 CITY, ST, ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 2 or Block 2a of this report, or on an attachment with an address.

SIGNATURE: **Robert P. Bermingham** 2/16/96 310 445-2427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)