

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 06, 1999 8:00 am**  
**Secretary of State**

08-06-1999 90004 019 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000003416** ✓

1. Corporation Name  
**WESTFIELD CONCESSION MANAGEMENT, INC.**

Principal Place of Business 11601 WILSHIRE BLVD. 12TH FLOOR LOS ANGELES CA 90025	Mailing Address 11601 WILSHIRE BLVD. 12TH FLOOR LOS ANGELES CA 90025
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified <b>06/16/1998</b>	
4. FEI Number <b>95-4673300</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREEN, RICHARD E	
STREET ADDRESS	11601 WILSHIRE BLVD. 12TH FLOOR	
CITY-ST-ZIP	LOS ANGELES CA 90025	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOWY, PETER S	
STREET ADDRESS	11601 WILSHIRE BLVD. 12TH FLOOR	
CITY-ST-ZIP	LOS ANGELES CA 90025	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STEFANEK, MARK	
STREET ADDRESS	11601 WILSHIRE BLVD. 12TH FLOOR	
CITY-ST-ZIP	LOS ANGELES CA 90025	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VAZELAKIS, DIMITRI	
STREET ADDRESS	11601 WILSHIRE BLVD. 12TH FLOOR	
CITY-ST-ZIP	LOS ANGELES CA 90025	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PACKER, RORY	
STREET ADDRESS	11601 WILSHIRE BLVD. 12TH FLOOR	
CITY-ST-ZIP	LOS ANGELES CA 90025	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HEPNER, IRV	
STREET ADDRESS	11601 WILSHIRE BLVD. 12TH FLOOR	
CITY-ST-ZIP	LOS ANGELES CA 90025	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEESA ASHLEY	
1.3 STREET ADDRESS	11601 WILSHIRE BL 12TH FL	
1.4 CITY-ST-ZIP	LOS ANGELES, CA 90025	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **7/1/99** DAYTIME PHONE #: **310445-2426**

CR2E034 (5/99)