

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000003416

1. Entity 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

FILED

04 JUL 16 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07142004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

95-4673300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

000039641370

07/28/04--01036--021 **150.00

SIGNATURE

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREEN, RICHARD E
STREET ADDRESS	11601 WILSHIRE BLVD. 12TH FLOOR
CITY - ST - ZIP	LOS ANGELES, CA 90025
TITLE	VD
NAME	LOWY, PETER S
STREET ADDRESS	11601 WILSHIRE BLVD. 12TH FLOOR
CITY - ST - ZIP	LOS ANGELES, CA 90025
TITLE	T
NAME	STEFANEK, MARK
STREET ADDRESS	11601 WILSHIRE BLVD. 12TH FLOOR
CITY - ST - ZIP	LOS ANGELES, CA 90025
TITLE	V
NAME	VAZELAKIS, DIMITRI
STREET ADDRESS	11601 WILSHIRE BLVD. 12TH FLOOR
CITY - ST - ZIP	LOS ANGELES, CA 90025
TITLE	AS
NAME	PACKER, RORY
STREET ADDRESS	11601 WILSHIRE BLVD. 12TH FLOOR
CITY - ST - ZIP	LOS ANGELES, CA 90025
TITLE	AS
NAME	OLSON, KYLE
STREET ADDRESS	11601 WILSHIRE BLVD 12T-F2
CITY - ST - ZIP	LOS ANGELES, CA 70025

DO NOT WRITE
IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-14-04

310-445-2421