## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F98000003416

Entity Name: WESTFIELD CONCESSION MANAGEMENT, INC.

FILED Dec 14, 2005 Secretary of State

Current Pri	ncipal Place	of Business:	New Princ	New Principal Place of Business:		
	SHIRE BLVD. 1 LES, CA 9002					
Current Mailing Address:			New Mailir	New Mailing Address:		
	SHIRE BLVD. 1 LES, CA 9002					
FEI Number: 9	95-4673300	FEI Number Applied For ( )	FEI Number Not Appli	icable ( )	Certificate of Status Desired	( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
The above r in the State		ubmits this statement for the pu	urpose of changing it	ts registered o	office or registered agent, o	r both,
SIGNATUR		J. SMITH, ASSISTANT SECRE			Dete	
Election Cam		c Signature of Registered Ager  Trust Fund Contribution ( ).	11		Date	
OFFICERS	AND DIRECT	ORS:	ADDITION	S/CHANGES	TO OFFICERS AND DIRE	ECTORS:
Title: Name: Address: City-St-Zip:	GREEN, RICHAR	E BLVD. 12TH FLOOR	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LOWY, PETER S	E BLVD. 12TH FLOOR	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STEFANEK, MAI	E BLVD. 12TH FLOOR	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VAZELAKIS, DIN	E BLVD. 12TH FLOOR	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	PACKER, RORY	E BLVD. 12TH FLOOR	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	AS () OLSON, KYLE 11601 WILSHIR LOS ANGELES,		Title: Name: Address: City-St-Zip:	FORMAN, SUZ	RE BLVD 12T-F2	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUZANNE FORMAN AS 12/14/2005