

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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **G47058** (4)
1. Corporation Name
MEDFIELD CORPORATION

Principal Place of Business Mailing Address
2700 COLORADO AVE. 2700 COLORADO AVE.
P.O. BOX 4070 P.O. BOX 4070
SANTA MONICA CA 90404 SANTA MONICA CA 90404

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/01/1983** 3a. Date of Last Report **04/14/1994**
4. FEI Number **95-4107209** 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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SCOTT M	2. NAME	
STREET ADDRESS	2700 COLORADO AVE	3. STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA CA 90404	4. CITY - ST - ZIP	
TITLE	VT	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSONS, MARIS	22. NAME	
STREET ADDRESS	2700 COLORADO AVE.	23. STREET ADDRESS	300001468243
CITY - ST - ZIP	SANTA MONICA CA	24. CITY - ST - ZIP	-04/28/95--01045--012
TITLE	AS	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYNE, DAVID W.	32. NAME	
STREET ADDRESS	2700 COLORADO AVE.	33. STREET ADDRESS	****200.00 ****200.00
CITY - ST - ZIP	SANTA MONICA CA	34. CITY - ST - ZIP	
TITLE	AT	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIXON, LAWRENCE	42. NAME	
STREET ADDRESS	2700 COLORADO AVE.	43. STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA CA	44. CITY - ST - ZIP	
TITLE	AT	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLEN, TERENCE	52. NAME	
STREET ADDRESS	2700 COLORADO AVE.	53. STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA CA	54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

SB 4/27

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 110.07(3)(b), 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: Scott M. Brown 4/24/95 310/998-8000
Signature and Typed or Printed Name of Signing Officer or Director Date Digital Phone #
Scott M. Brown, Secretary and Director