

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

96 JAN 29 PM 3: 21

DOCUMENT # **G47058 (4)**

1. Corporation Name  
**MEDFIELD CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

3. Date Incorporated or Qualified: 07/01/1983  
3a. Date of Last Report: 04/27/1995  
4. FEI Number: 95-4107209  
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for State, City, Zip, and Country.

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS (DELETE) fields for SD BROWN, SCOTT M; VT ANDERSONS, MARIS; AS LAYNE, DAVID W.; AT HIXON, LAWRENCE; AT MCMULLEN, TERENCE.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Change/Addition) fields for Senior Vice President.

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 supplementa 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: [Signature] 1/24/96 (310)998-8427  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #

CR2E034 (12/95)

*Handwritten initials*