

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G47058** (4)

1. Corporation Name

MEDFIELD CORPORATION

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	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

10. Name and Address of New 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	2700 COLORADO AVE	
CITY-STATE-ZIP	SANTA MONICA CA 90404	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ANDERSONS, MARIS	
STREET ADDRESS	2700 COLORADO AVE.	
CITY-STATE-ZIP	SANTA MONICA CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LAYNE, DAVID W.	
STREET ADDRESS	2700 COLORADO AVE.	
CITY-STATE-ZIP	SANTA MONICA CA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	HIXON, LAWRENCE	
STREET ADDRESS	2700 COLORADO AVE.	
CITY-STATE-ZIP	SANTA MONICA CA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MCMULLEN, TERENCE	
STREET ADDRESS	2700 COLORADO AVE.	
CITY-STATE-ZIP	SANTA MONICA CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	Senior Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
3. TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

(310)998-8427

Date

Daytime Phone #

CR2E034 (12/95)