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AND  
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97 JAN 21 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

2700 COLORADO AVE.  
P.O. BOX 4070  
SANTA MONICA CA 90404

Mailing Address

2700 COLORADO AVE.  
P.O. BOX 4070  
SANTA MONICA CA 90404-3521



2. Principal Place of Business

21 3820 State Street

Suite, Apt. #, etc.

City & State

23 Santa Barbara, CA

Zip

24 93105

Country

25 USA

2a. Mailing Address

26 c/o Mary H. Yumibe

Suite, Apt. #, etc.

27 3820 State Street

City & State

28 Santa Barbara, CA

Zip

29 93105

Country

30 USA

3. Date Incorporated or Qualified

07/01/1983

3a. Date of Last Report

01/29/1996

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

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 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

300002063419--3  
-01/21/97--01044--022  
\*\*\*165.00 \*\*\*165.00  
FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
Pres/Sec'y		3820 State Street	Santa Barbara, CA 93105	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3820 State Street	Santa Barbara, CA 93105	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		14001 Dallas Parkway	Dallas, TX 75240	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3820 State Street	Santa Barbara, CA 93105	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3820 State Street	Santa Barbara, CA 93105	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Asst. Secretary	Alan Lundgren	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		3820 State Street	Santa Barbara, CA 93105	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I do 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 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:

Alan Lundgren, Asst. Sec'y

1/16/97

805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)